

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$4,005,551	\$3,069,946	(\$935,605)	-23%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,282,256	\$8,745,899	\$463,643	6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$411,329	\$0	(\$411,329)	-100%
5	Due From Affiliates	\$6,709,992	\$2,668,378	(\$4,041,614)	-60%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,067,728	\$1,163,239	\$95,511	9%
8	Prepaid Expenses	\$251,870	\$1,347,876	\$1,096,006	435%
9	Other Current Assets	\$41,485	\$918,002	\$876,517	2113%
	<b>Total Current Assets</b>	<b>\$20,770,211</b>	<b>\$17,913,340</b>	<b>(\$2,856,871)</b>	<b>-14%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$4,088,627	\$3,164,546	(\$924,081)	-23%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$2,489,801	\$844,763	(\$1,645,038)	-66%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,578,428</b>	<b>\$4,009,309</b>	<b>(\$2,569,119)</b>	<b>-39%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,948,732	\$2,843,700	\$894,968	46%
7	Other Noncurrent Assets	\$4,821,927	\$2,753,841	(\$2,068,086)	-43%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$53,318,760	\$54,834,884	\$1,516,124	3%
2	Less: Accumulated Depreciation	\$29,288,346	\$31,304,208	\$2,015,862	7%
	<b>Property, Plant and Equipment, Net</b>	<b>\$24,030,414</b>	<b>\$23,530,676</b>	<b>(\$499,738)</b>	<b>-2%</b>
3	Construction in Progress	\$123,182	\$0	(\$123,182)	-100%
	<b>Total Net Fixed Assets</b>	<b>\$24,153,596</b>	<b>\$23,530,676</b>	<b>(\$622,920)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$58,272,894</b>	<b>\$51,050,866</b>	<b>(\$7,222,028)</b>	<b>-12%</b>

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(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$17,893,116	\$20,406,862	\$2,513,746	14%
2	Salaries, Wages and Payroll Taxes	\$2,624,904	\$2,964,927	\$340,023	13%
3	Due To Third Party Payers	\$619,567	\$102,647	(\$516,920)	-83%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$9,313,284	\$838,732	(\$8,474,552)	-91%
7	Other Current Liabilities	\$8,780,902	\$2,398,616	(\$6,382,286)	-73%
	<b>Total Current Liabilities</b>	<b>\$39,231,773</b>	<b>\$26,711,784</b>	<b>(\$12,519,989)</b>	<b>-32%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$13,528,750	\$16,056,908	\$2,528,158	19%
	<b>Total Long Term Debt</b>	<b>\$13,528,750</b>	<b>\$16,056,908</b>	<b>\$2,528,158</b>	<b>19%</b>
3	Accrued Pension Liability	\$1,281,829	\$8,065,307	\$6,783,478	529%
4	Other Long Term Liabilities	\$0	\$3,780,995	\$3,780,995	0%
	<b>Total Long Term Liabilities</b>	<b>\$14,810,579</b>	<b>\$27,903,210</b>	<b>\$13,092,631</b>	<b>88%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$3,159,598	(\$4,639,490)	(\$7,799,088)	-247%
2	Temporarily Restricted Net Assets	\$229,184	\$233,602	\$4,418	2%
3	Permanently Restricted Net Assets	\$841,760	\$841,760	\$0	0%
	<b>Total Net Assets</b>	<b>\$4,230,542</b>	<b>(\$3,564,128)</b>	<b>(\$7,794,670)</b>	<b>-184%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$58,272,894</b>	<b>\$51,050,866</b>	<b>(\$7,222,028)</b>	<b>-12%</b>

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008 ACTUAL</b>	<b>FY 2009 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$236,605,380	\$195,594,535	(\$41,010,845)	-17%
2	Less: Allowances	\$165,473,179	\$131,637,694	(\$33,835,485)	-20%
3	Less: Charity Care	\$97,529	\$559,676	\$462,147	474%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$71,034,672</b>	<b>\$63,397,165</b>	<b>(\$7,637,507)</b>	<b>-11%</b>
5	Other Operating Revenue	\$743,950	\$951,983	\$208,033	28%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$71,778,622</b>	<b>\$64,349,148</b>	<b>(\$7,429,474)</b>	<b>-10%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$29,822,122	\$26,737,154	(\$3,084,968)	-10%
2	Fringe Benefits	\$7,184,344	\$7,073,446	(\$110,898)	-2%
3	Physicians Fees	\$750,893	\$212,632	(\$538,261)	-72%
4	Supplies and Drugs	\$6,875,689	\$6,480,375	(\$395,314)	-6%
5	Depreciation and Amortization	\$2,821,844	\$2,971,537	\$149,693	5%
6	Bad Debts	\$7,282,529	\$5,873,672	(\$1,408,857)	-19%
7	Interest	\$1,183,162	\$804,653	(\$378,509)	-32%
8	Malpractice	\$887,832	\$421,101	(\$466,731)	-53%
9	Other Operating Expenses	\$19,034,895	\$18,574,936	(\$459,959)	-2%
	<b>Total Operating Expenses</b>	<b>\$75,843,310</b>	<b>\$69,149,506</b>	<b>(\$6,693,804)</b>	<b>-9%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$4,064,688)</b>	<b>(\$4,800,358)</b>	<b>(\$735,670)</b>	<b>18%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$222,723	(\$605,745)	(\$828,468)	-372%
2	Gifts, Contributions and Donations	\$1,500,000	\$0	(\$1,500,000)	-100%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$1,722,723</b>	<b>(\$605,745)</b>	<b>(\$2,328,468)</b>	<b>-135%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$2,341,965)</b>	<b>(\$5,406,103)</b>	<b>(\$3,064,138)</b>	<b>131%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$2,341,965)</b>	<b>(\$5,406,103)</b>	<b>(\$3,064,138)</b>	<b>131%</b>
	Principal Payments	\$0	\$715,486	\$715,486	0%

**JOHNSON MEMORIAL HOSPITAL  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$56,145,786	\$45,517,906	(\$10,627,880)	-19%
2	MEDICARE MANAGED CARE	\$5,884,799	\$6,338,778	\$453,979	8%
3	MEDICAID	\$3,642,971	\$2,226,464	(\$1,416,507)	-39%
4	MEDICAID MANAGED CARE	\$4,893,991	\$3,082,158	(\$1,811,833)	-37%
5	CHAMPUS/TRICARE	\$410,335	\$423,693	\$13,358	3%
6	COMMERCIAL INSURANCE	\$1,220,996	\$407,077	(\$813,919)	-67%
7	NON-GOVERNMENT MANAGED CARE	\$23,949,530	\$20,827,413	(\$3,122,117)	-13%
8	WORKER'S COMPENSATION	\$210,171	\$282,462	\$72,291	34%
9	SELF- PAY/UNINSURED	\$2,592,114	\$2,666,773	\$74,659	3%
10	SAGA	\$1,130,922	\$1,304,309	\$173,387	15%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$100,081,615</b>	<b>\$83,077,033</b>	<b>(\$17,004,582)</b>	<b>-17%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$37,270,988	\$29,513,340	(\$7,757,648)	-21%
2	MEDICARE MANAGED CARE	\$5,078,684	\$5,963,428	\$884,744	17%
3	MEDICAID	\$2,498,385	\$2,497,889	(\$496)	0%
4	MEDICAID MANAGED CARE	\$8,478,126	\$6,931,078	(\$1,547,048)	-18%
5	CHAMPUS/TRICARE	\$737,228	\$652,602	(\$84,626)	-11%
6	COMMERCIAL INSURANCE	\$1,610,980	\$1,530,238	(\$80,742)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$69,272,158	\$56,551,295	(\$12,720,863)	-18%
8	WORKER'S COMPENSATION	\$3,590,575	\$2,452,882	(\$1,137,693)	-32%
9	SELF- PAY/UNINSURED	\$5,979,741	\$4,781,994	(\$1,197,747)	-20%
10	SAGA	\$2,006,899	\$1,642,756	(\$364,143)	-18%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$136,523,764</b>	<b>\$112,517,502</b>	<b>(\$24,006,262)</b>	<b>-18%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$93,416,774	\$75,031,246	(\$18,385,528)	-20%
2	MEDICARE MANAGED CARE	\$10,963,483	\$12,302,206	\$1,338,723	12%
3	MEDICAID	\$6,141,356	\$4,724,353	(\$1,417,003)	-23%
4	MEDICAID MANAGED CARE	\$13,372,117	\$10,013,236	(\$3,358,881)	-25%
5	CHAMPUS/TRICARE	\$1,147,563	\$1,076,295	(\$71,268)	-6%
6	COMMERCIAL INSURANCE	\$2,831,976	\$1,937,315	(\$894,661)	-32%
7	NON-GOVERNMENT MANAGED CARE	\$93,221,688	\$77,378,708	(\$15,842,980)	-17%
8	WORKER'S COMPENSATION	\$3,800,746	\$2,735,344	(\$1,065,402)	-28%
9	SELF- PAY/UNINSURED	\$8,571,855	\$7,448,767	(\$1,123,088)	-13%
10	SAGA	\$3,137,821	\$2,947,065	(\$190,756)	-6%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$236,605,379</b>	<b>\$195,594,535</b>	<b>(\$41,010,844)</b>	<b>-17%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$15,249,195	\$12,892,211	(\$2,356,984)	-15%
2	MEDICARE MANAGED CARE	\$1,527,105	\$1,746,428	\$219,323	14%
3	MEDICAID	\$885,971	\$649,237	(\$236,734)	-27%
4	MEDICAID MANAGED CARE	\$965,584	\$744,646	(\$220,938)	-23%
5	CHAMPUS/TRICARE	\$126,999	\$39,949	(\$87,050)	-69%
6	COMMERCIAL INSURANCE	\$613,551	\$309,925	(\$303,626)	-49%
7	NON-GOVERNMENT MANAGED CARE	\$4,847,669	\$8,128,207	\$3,280,538	68%

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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
8	WORKER'S COMPENSATION	\$181,525	\$287,209	\$105,684	58%
9	SELF- PAY/UNINSURED	\$773,746	\$26,382	(\$747,364)	-97%
10	SAGA	\$111,509	\$148,039	\$36,530	33%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$25,282,854</b>	<b>\$24,972,233</b>	<b>(\$310,621)</b>	<b>-1%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$6,857,862	\$5,979,453	(\$878,409)	-13%
2	MEDICARE MANAGED CARE	\$1,055,350	\$1,182,204	\$126,854	12%
3	MEDICAID	\$481,939	\$561,775	\$79,836	17%
4	MEDICAID MANAGED CARE	\$1,841,449	\$1,614,741	(\$226,708)	-12%
5	CHAMPUS/TRICARE	\$214,754	\$113,167	(\$101,587)	-47%
6	COMMERCIAL INSURANCE	\$606,695	\$1,024,658	\$417,963	69%
7	NON-GOVERNMENT MANAGED CARE	\$29,977,969	\$24,912,607	(\$5,065,362)	-17%
8	WORKER'S COMPENSATION	\$2,504,426	\$2,129,173	(\$375,253)	-15%
9	SELF- PAY/UNINSURED	\$1,741,301	\$792,161	(\$949,140)	-55%
10	SAGA	\$268,322	\$114,993	(\$153,329)	-57%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$45,550,067</b>	<b>\$38,424,932</b>	<b>(\$7,125,135)</b>	<b>-16%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$22,107,057	\$18,871,664	(\$3,235,393)	-15%
2	MEDICARE MANAGED CARE	\$2,582,455	\$2,928,632	\$346,177	13%
3	MEDICAID	\$1,367,910	\$1,211,012	(\$156,898)	-11%
4	MEDICAID MANAGED CARE	\$2,807,033	\$2,359,387	(\$447,646)	-16%
5	CHAMPUS/TRICARE	\$341,753	\$153,116	(\$188,637)	-55%
6	COMMERCIAL INSURANCE	\$1,220,246	\$1,334,583	\$114,337	9%
7	NON-GOVERNMENT MANAGED CARE	\$34,825,638	\$33,040,814	(\$1,784,824)	-5%
8	WORKER'S COMPENSATION	\$2,685,951	\$2,416,382	(\$269,569)	-10%
9	SELF- PAY/UNINSURED	\$2,515,047	\$818,543	(\$1,696,504)	-67%
10	SAGA	\$379,831	\$263,032	(\$116,799)	-31%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$70,832,921</b>	<b>\$63,397,165</b>	<b>(\$7,435,756)</b>	<b>-10%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,839	1,591	(248)	-13%
2	MEDICARE MANAGED CARE	187	216	29	16%
3	MEDICAID	213	119	(94)	-44%
4	MEDICAID MANAGED CARE	392	285	(107)	-27%
5	CHAMPUS/TRICARE	23	22	(1)	-4%
6	COMMERCIAL INSURANCE	79	43	(36)	-46%
7	NON-GOVERNMENT MANAGED CARE	1,241	1,169	(72)	-6%
8	WORKER'S COMPENSATION	6	7	1	17%
9	SELF- PAY/UNINSURED	52	114	62	119%
10	SAGA	55	52	(3)	-5%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>4,087</b>	<b>3,618</b>	<b>(469)</b>	<b>-11%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	11,755	9,453	(2,302)	-20%
2	MEDICARE MANAGED CARE	1,128	1,170	42	4%
3	MEDICAID	1,268	756	(512)	-40%
4	MEDICAID MANAGED CARE	1,595	962	(633)	-40%
5	CHAMPUS/TRICARE	103	101	(2)	-2%

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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
6	COMMERCIAL INSURANCE	322	150	(172)	-53%
7	NON-GOVERNMENT MANAGED CARE	4,967	4,411	(556)	-11%
8	WORKER'S COMPENSATION	28	22	(6)	-21%
9	SELF- PAY/UNINSURED	236	638	402	170%
10	SAGA	254	335	81	32%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>21,656</b>	<b>17,998</b>	<b>(3,658)</b>	<b>-17%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	28,410	25,197	(3,213)	-11%
2	MEDICARE MANAGED CARE	4,360	5,291	931	21%
3	MEDICAID	2,295	1,995	(300)	-13%
4	MEDICAID MANAGED CARE	6,186	5,404	(782)	-13%
5	CHAMPUS/TRICARE	465	438	(27)	-6%
6	COMMERCIAL INSURANCE	1,208	1,174	(34)	-3%
7	NON-GOVERNMENT MANAGED CARE	44,231	38,044	(6,187)	-14%
8	WORKER'S COMPENSATION	1,831	1,394	(437)	-24%
9	SELF- PAY/UNINSURED	2,370	4,001	1,631	69%
10	SAGA	946	1,243	297	31%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>92,302</b>	<b>84,181</b>	<b>(8,121)</b>	<b>-9%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,540,954	\$2,201,529	(\$339,425)	-13%
2	MEDICARE MANAGED CARE	\$273,221	\$378,539	\$105,318	39%
3	MEDICAID	\$665,899	\$773,431	\$107,532	16%
4	MEDICAID MANAGED CARE	\$1,238,997	\$1,203,483	(\$35,514)	-3%
5	CHAMPUS/TRICARE	\$103,349	\$100,605	(\$2,744)	-3%
6	COMMERCIAL INSURANCE	\$188,879	\$226,863	\$37,984	20%
7	NON-GOVERNMENT MANAGED CARE	\$5,244,654	\$4,792,619	(\$452,035)	-9%
8	WORKER'S COMPENSATION	\$272,033	\$268,127	(\$3,906)	-1%
9	SELF- PAY/UNINSURED	\$1,260,380	\$1,104,506	(\$155,874)	-12%
10	SAGA	\$90,804	\$0	(\$90,804)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$11,879,170</b>	<b>\$11,049,702</b>	<b>(\$829,468)</b>	<b>-7%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$566,887	\$525,285	(\$41,602)	-7%
2	MEDICARE MANAGED CARE	\$66,666	\$90,547	\$23,881	36%
3	MEDICAID	\$134,978	\$100,743	(\$34,235)	-25%
4	MEDICAID MANAGED CARE	\$271,340	\$289,799	\$18,459	7%
5	CHAMPUS/TRICARE	\$42,559	\$34,497	(\$8,062)	-19%
6	COMMERCIAL INSURANCE	\$137,731	\$147,733	\$10,002	7%
7	NON-GOVERNMENT MANAGED CARE	\$2,395,233	\$2,422,669	\$27,436	1%
8	WORKER'S COMPENSATION	\$207,452	\$197,824	(\$9,628)	-5%
9	SELF- PAY/UNINSURED	\$557,088	\$543,527	(\$13,561)	-2%
10	SAGA	\$11,178	\$11,120	(\$58)	-1%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$4,391,112</b>	<b>\$4,363,744</b>	<b>(\$27,368)</b>	<b>-1%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	2,826	2,733	(93)	-3%
2	MEDICARE MANAGED CARE	347	473	126	36%
3	MEDICAID	828	699	(129)	-16%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	2,134	2,471	337	16%
5	CHAMPUS/TRICARE	141	166	25	18%
6	COMMERCIAL INSURANCE	1,181	523	(658)	-56%
7	NON-GOVERNMENT MANAGED CARE	7,409	7,336	(73)	-1%
8	WORKER'S COMPENSATION	769	646	(123)	-16%
9	SELF- PAY/UNINSURED	1,559	1,592	33	2%
10	SAGA	572	697	125	22%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>17,766</b>	<b>17,336</b>	<b>(430)</b>	<b>-2%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$10,310,688	\$9,164,680	(\$1,146,008)	-11%
2	Physician Salaries	\$2,409,938	\$2,541,554	\$131,616	5%
3	Non-Nursing, Non-Physician Salaries	\$17,101,496	\$15,030,920	(\$2,070,576)	-12%
	<b>Total Salaries &amp; Wages</b>	<b>\$29,822,122</b>	<b>\$26,737,154</b>	<b>(\$3,084,968)</b>	<b>-10%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$2,483,912	\$2,424,561	(\$59,351)	-2%
2	Physician Fringe Benefits	\$580,570	\$672,381	\$91,811	16%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,119,862	\$3,976,504	(\$143,358)	-3%
	<b>Total Fringe Benefits</b>	<b>\$7,184,344</b>	<b>\$7,073,446</b>	<b>(\$110,898)</b>	<b>-2%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$463,542	\$77,489	(\$386,053)	-83%
2	Physician Fees	\$750,893	\$212,632	(\$538,261)	-72%
3	Non-Nursing, Non-Physician Fees	\$763,062	\$1,510,903	\$747,841	98%
	<b>Total Contractual Labor Fees</b>	<b>\$1,977,497</b>	<b>\$1,801,024</b>	<b>(\$176,473)</b>	<b>-9%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$4,843,380	\$4,855,230	\$11,850	0%
2	Pharmaceutical Costs	\$2,032,309	\$1,625,145	(\$407,164)	-20%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$6,875,689</b>	<b>\$6,480,375</b>	<b>(\$395,314)</b>	<b>-6%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$770,061	\$1,161,930	\$391,869	51%
2	Depreciation-Equipment	\$2,041,798	\$1,797,110	(\$244,688)	-12%
3	Amortization	\$9,985	\$12,497	\$2,512	25%
	<b>Total Depreciation and Amortization</b>	<b>\$2,821,844</b>	<b>\$2,971,537</b>	<b>\$149,693</b>	<b>5%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$7,282,529	\$5,873,672	(\$1,408,857)	-19%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,183,162	\$804,653	(\$378,509)	-32%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$887,832	\$421,101	(\$466,731)	-53%
<b>I. Utilities:</b>					
1	Water	\$27,903	\$24,554	(\$3,349)	-12%
2	Natural Gas	\$21,495	\$36,309	\$14,814	69%
3	Oil	\$662,891	\$489,614	(\$173,277)	-26%
4	Electricity	\$748,023	\$903,228	\$155,205	21%
5	Telephone	\$301,512	\$216,115	(\$85,397)	-28%
6	Other Utilities	\$66,979	\$173,086	\$106,107	158%
	<b>Total Utilities</b>	<b>\$1,828,803</b>	<b>\$1,842,906</b>	<b>\$14,103</b>	<b>1%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$107,476	\$109,200	\$1,724	2%
2	Legal Fees	\$681,532	\$1,149,073	\$467,541	69%
3	Consulting Fees	\$1,946,911	\$5,489,686	\$3,542,775	182%
4	Dues and Membership	\$144,142	\$29,873	(\$114,269)	-79%
5	Equipment Leases	\$3,530,305	\$2,243,037	(\$1,287,268)	-36%
6	Building Leases	\$840,916	\$809,784	(\$31,132)	-4%
7	Repairs and Maintenance	\$302,279	\$367,627	\$65,348	22%
8	Insurance	\$820,046	\$89,752	(\$730,294)	-89%
9	Travel	\$62,113	\$3,546	(\$58,567)	-94%
10	Conferences	\$0	\$29,047	\$29,047	0%
11	Property Tax	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
12	General Supplies	\$338,191	\$430,915	\$92,724	27%
13	Licenses and Subscriptions	\$55,201	\$55,806	\$605	1%
14	Postage and Shipping	\$129,891	\$101,279	(\$28,612)	-22%
15	Advertising	\$171,553	\$99,813	(\$71,740)	-42%
16	Other Business Expenses	\$5,917,790	\$3,348,279	(\$2,569,511)	-43%
	<b>Total Business Expenses</b>	<b>\$15,048,346</b>	<b>\$14,356,717</b>	<b>(\$691,629)</b>	<b>-5%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$931,142	\$786,921	(\$144,221)	-15%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$75,843,310</b>	<b>\$69,149,506</b>	<b>(\$6,693,804)</b>	<b>-9%</b>
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$2,852,656	\$3,836,321	\$983,665	34%
2	General Accounting	\$571,024	\$707,210	\$136,186	24%
3	Patient Billing & Collection	\$1,410,902	\$2,064,017	\$653,115	46%
4	Admitting / Registration Office	\$990,712	\$958,012	(\$32,700)	-3%
5	Data Processing	\$2,418,746	\$1,165,805	(\$1,252,941)	-52%
6	Communications	\$215,350	\$242,044	\$26,694	12%
7	Personnel	\$7,635,416	\$7,132,269	(\$503,147)	-7%
8	Public Relations	\$253,890	\$173,964	(\$79,926)	-31%
9	Purchasing	\$358,201	\$326,506	(\$31,695)	-9%
10	Dietary and Cafeteria	\$991,918	\$674,252	(\$317,666)	-32%
11	Housekeeping	\$853,829	\$605,123	(\$248,706)	-29%
12	Laundry & Linen	\$290,722	\$240,246	(\$50,476)	-17%
13	Operation of Plant	\$1,986,737	\$1,723,608	(\$263,129)	-13%
14	Security	\$192,655	\$167,798	(\$24,857)	-13%
15	Repairs and Maintenance	\$769,744	\$679,827	(\$89,917)	-12%
16	Central Sterile Supply	\$162,476	\$228,106	\$65,630	40%
17	Pharmacy Department	\$2,698,344	\$2,408,405	(\$289,939)	-11%
18	Other General Services	\$6,322,822	\$4,952,735	(\$1,370,087)	-22%
	<b>Total General Services</b>	<b>\$30,976,144</b>	<b>\$28,286,248</b>	<b>(\$2,689,896)</b>	<b>-9%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$1,168,331	\$1,035,198	(\$133,133)	-11%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$707,424	\$639,870	(\$67,554)	-10%
4	Medical Records	\$1,067,938	\$933,755	(\$134,183)	-13%
5	Social Service	\$46,751	\$28,233	(\$18,518)	-40%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$2,990,444</b>	<b>\$2,637,056</b>	<b>(\$353,388)</b>	<b>-12%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$2,412,984	\$2,304,951	(\$108,033)	-4%
2	Recovery Room	\$338,768	\$310,075	(\$28,693)	-8%
3	Anesthesiology	\$362,255	\$280,061	(\$82,194)	-23%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,864,148	\$1,739,631	(\$124,517)	-7%
6	Diagnostic Ultrasound	\$277,491	\$213,780	(\$63,711)	-23%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$606,067	\$540,130	(\$65,937)	-11%
9	CT Scan	\$446,116	\$321,041	(\$125,075)	-28%
10	Laboratory	\$4,179,635	\$3,737,000	(\$442,635)	-11%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$523,887	\$322,501	(\$201,386)	-38%
13	Electrocardiology	\$163,165	\$55,694	(\$107,471)	-66%
14	Electroencephalography	\$45,310	\$20,686	(\$24,624)	-54%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$715,729	\$660,566	(\$55,163)	-8%
19	Pulmonary Function	\$498,676	\$384,558	(\$114,118)	-23%
20	Intravenous Therapy	\$118,173	\$101,154	(\$17,019)	-14%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$587,718	\$517,703	(\$70,015)	-12%
23	Renal Dialysis	\$129,091	\$164,669	\$35,578	28%
24	Emergency Room	\$4,983,132	\$5,064,847	\$81,715	2%
25	MRI	\$735,044	\$555,523	(\$179,521)	-24%
26	PET Scan	\$124,300	\$0	(\$124,300)	-100%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$418,638	\$376,751	(\$41,887)	-10%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,126,353	\$2,234,286	(\$892,067)	-29%
	<b>Total Special Services</b>	<b>\$22,656,680</b>	<b>\$19,905,607</b>	<b>(\$2,751,073)</b>	<b>-12%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$4,966,778	\$3,756,073	(\$1,210,705)	-24%
2	Intensive Care Unit	\$1,641,316	\$1,548,933	(\$92,383)	-6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,312,829	\$1,993,447	(\$319,382)	-14%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,274,139	\$1,163,441	(\$110,698)	-9%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,990,314	\$2,496,579	\$506,265	25%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$12,185,376</b>	<b>\$10,958,473</b>	<b>(\$1,226,903)</b>	<b>-10%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$7,034,666	\$7,362,122	\$327,456	5%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$75,843,310</b>	<b>\$69,149,506</b>	<b>(\$6,693,804)</b>	<b>-9%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$63,714,589	\$ 71,034,672	\$63,397,165
2	Other Operating Revenue	798,161	743,950	951,983
3	Total Operating Revenue	\$64,512,750	\$71,778,622	\$64,349,148
4	Total Operating Expenses	77,430,267	75,843,310	69,149,506
5	Income/(Loss) From Operations	(\$12,917,517)	(\$4,064,688)	(\$4,800,358)
6	Total Non-Operating Revenue	705,324	1,722,723	(605,745)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$12,212,193)	(\$2,341,965)	(\$5,406,103)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-19.81%	-5.53%	-7.53%
2	Hospital Non Operating Margin	1.08%	2.34%	-0.95%
3	Hospital Total Margin	-18.73%	-3.19%	-8.48%
4	Income/(Loss) From Operations	(\$12,917,517)	(\$4,064,688)	(\$4,800,358)
5	Total Operating Revenue	\$64,512,750	\$71,778,622	\$64,349,148
6	Total Non-Operating Revenue	\$705,324	\$1,722,723	(\$605,745)
7	Total Revenue	\$65,218,074	\$73,501,345	\$63,743,403
8	Excess/(Deficiency) of Revenue Over Expenses	(\$12,212,193)	(\$2,341,965)	(\$5,406,103)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	(\$6,411,244)	\$3,159,598	(\$4,639,490)
2	Hospital Total Net Assets	(\$1,361,200)	\$4,230,542	(\$3,564,128)
3	Hospital Change in Total Net Assets	(\$1,361,200)	\$5,591,742	(\$7,794,670)
4	Hospital Change in Total Net Assets %	0.0%	-410.8%	-184.2%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.37</b>	<b>0.32</b>	<b>0.35</b>
2	Total Operating Expenses	\$78,155,106	\$75,843,310	\$69,149,506
3	Total Gross Revenue	\$208,951,499	\$236,605,379	\$195,594,535
4	Total Other Operating Revenue	\$1,635,233	\$743,950	\$951,983
5	<b>Private Payment to Cost Ratio</b>	<b>0.83</b>	<b>1.21</b>	<b>1.27</b>
6	Total Non-Government Payments	\$26,145,642	\$41,246,882	\$37,610,322

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
7	Total Uninsured Payments	\$685,170	\$2,515,047	\$818,543
8	Total Non-Government Charges	\$89,179,089	\$108,426,265	\$89,500,134
9	Total Uninsured Charges	\$6,505,954	\$8,571,855	\$7,448,767
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.67</b>	<b>0.74</b>	<b>0.71</b>
11	Total Medicare Payments	\$24,828,412	\$24,689,512	\$21,800,296
12	Total Medicare Charges	\$99,283,402	\$104,380,257	\$87,333,452
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.62</b>	<b>0.67</b>	<b>0.69</b>
14	Total Medicaid Payments	\$3,994,551	\$4,174,943	\$3,570,399
15	Total Medicaid Charges	\$17,370,672	\$19,513,473	\$14,737,589
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,902,401</b>	<b>\$2,835,685</b>	<b>\$2,945,378</b>
17	Charity Care	\$178,176	\$287,523	\$559,676
18	Bad Debts	\$7,642,263	\$8,586,666	\$7,812,094
19	Total Uncompensated Care	\$7,820,439	\$8,874,189	\$8,371,770
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.7%</b>	<b>3.7%</b>	<b>4.3%</b>
21	Total Operating Expenses	\$78,155,106	\$75,843,310	\$69,149,506
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0.42</b>	<b>0.53</b>	<b>0.67</b>
2	Total Current Assets	\$13,497,972	\$20,770,211	\$17,913,340
3	Total Current Liabilities	\$32,220,213	\$39,231,773	\$26,711,784
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>2</b>	<b>20</b>	<b>17</b>
5	Cash and Cash Equivalents	\$449,291	\$4,005,551	\$3,069,946
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$449,291	\$4,005,551	\$3,069,946
8	Total Operating Expenses	\$77,430,267	\$75,843,310	\$69,149,506
9	Depreciation Expense	\$2,372,626	\$2,821,844	\$2,971,537
10	Operating Expenses less Depreciation Expense	\$75,057,641	\$73,021,466	\$66,177,969
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>52.74</b>	<b>39.37</b>	<b>49.76</b>

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
12	Net Patient Accounts Receivable	\$ 9,782,761	\$ 8,282,256	\$ 8,745,899
13	Due From Third Party Payers	\$60,899	\$0	\$0
14	Due To Third Party Payers	\$636,749	\$619,567	\$102,647
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,206,911	\$ 7,662,689	\$ 8,643,252
16	Total Net Patient Revenue	\$63,714,589	\$ 71,034,672	\$ 63,397,165
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>156.68</b>	<b>196.10</b>	<b>147.33</b>
18	Total Current Liabilities	\$32,220,213	\$39,231,773	\$26,711,784
19	Total Operating Expenses	\$77,430,267	\$75,843,310	\$69,149,506
20	Depreciation Expense	\$2,372,626	\$2,821,844	\$2,971,537
21	Total Operating Expenses less Depreciation Expense	\$75,057,641	\$73,021,466	\$66,177,969
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>(2.7)</b>	<b>7.3</b>	<b>(7.0)</b>
2	Total Net Assets	(\$1,361,200)	\$4,230,542	(\$3,564,128)
3	Total Assets	\$50,505,667	\$58,272,894	\$51,050,866
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(20.1)</b>	<b>0.9</b>	<b>(5.7)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$12,212,193)	(\$2,341,965)	(\$5,406,103)
6	Depreciation Expense	\$2,372,626	\$2,821,844	\$2,971,537
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$9,839,567)	\$479,879	(\$2,434,566)
8	Total Current Liabilities	\$32,220,213	\$39,231,773	\$26,711,784
9	Total Long Term Debt	\$16,737,249	\$13,528,750	\$16,056,908
10	Total Current Liabilities and Total Long Term Debt	\$48,957,462	\$52,760,523	\$42,768,692
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>108.9</b>	<b>76.2</b>	<b>128.5</b>
12	Total Long Term Debt	\$16,737,249	\$13,528,750	\$16,056,908
13	Total Net Assets	(\$1,361,200)	\$4,230,542	(\$3,564,128)
14	Total Long Term Debt and Total Net Assets	\$15,376,049	\$17,759,292	\$12,492,780
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>(9.0)</b>	<b>1.4</b>	<b>(1.1)</b>
16	Excess Revenues over Expenses	(\$12,212,193)	(\$2,341,965)	(\$5,406,103)
17	Interest Expense	\$979,121	\$1,183,162	\$804,653
18	Depreciation and Amortization Expense	\$2,372,626	\$2,821,844	\$2,971,537

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
19	Principal Payments	\$0	\$0	\$715,486
<b>G. <u>Other Financial Ratios</u></b>				
20	<b><u>Average Age of Plant</u></b>	<b>11.2</b>	<b>10.4</b>	<b>10.5</b>
21	Accumulated Depreciation	\$26,632,767	\$29,288,346	\$31,304,208
22	Depreciation and Amortization Expense	\$2,372,626	\$2,821,844	\$2,971,537
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	24,905	21,656	17,998
2	Discharges	4,433	4,087	3,618
3	ALOS	5.6	5.3	5.0
4	Staffed Beds	86	72	72
5	Available Beds	-	-	95
6	Licensed Beds	101	101	101
6	Occupancy of Staffed Beds	79.3%	82.4%	68.5%
7	Occupancy of Available Beds	67.6%	62.5%	51.9%
8	Full Time Equivalent Employees	509.4	552.6	469.2
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.6%	42.2%	41.9%
2	Medicare Gross Revenue Payer Mix Percentage	47.5%	44.1%	44.7%
3	Medicaid Gross Revenue Payer Mix Percentage	8.3%	8.2%	7.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.1%	1.3%	1.5%
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	3.6%	3.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.5%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$82,673,135	\$99,854,410	\$82,051,367
9	Medicare Gross Revenue (Charges)	\$99,283,402	\$104,380,257	\$87,333,452
10	Medicaid Gross Revenue (Charges)	\$17,370,672	\$19,513,473	\$14,737,589
11	Other Medical Assistance Gross Revenue (Charges)	\$2,377,694	\$3,137,821	\$2,947,065
12	Uninsured Gross Revenue (Charges)	\$6,505,954	\$8,571,855	\$7,448,767
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$740,642	\$1,147,563	\$1,076,295
14	Total Gross Revenue (Charges)	\$208,951,499	\$236,605,379	\$195,594,535
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	45.5%	54.7%	58.0%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
2	Medicare Net Revenue Payer Mix Percentage	44.4%	34.9%	34.4%
3	Medicaid Net Revenue Payer Mix Percentage	7.1%	5.9%	5.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.1%	0.5%	0.4%
5	Uninsured Net Revenue Payer Mix Percentage	1.2%	3.6%	1.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.5%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$25,460,472	\$38,731,835	\$36,791,779
9	Medicare Net Revenue (Payments)	\$24,828,412	\$24,689,512	\$21,800,296
10	Medicaid Net Revenue (Payments)	\$3,994,551	\$4,174,943	\$3,570,399
11	Other Medical Assistance Net Revenue (Payments)	\$642,736	\$379,831	\$263,032
12	Uninsured Net Revenue (Payments)	\$685,170	\$2,515,047	\$818,543
13	CHAMPUS / TRICARE Net Revenue Payments)	\$293,748	\$341,753	\$153,116
14	Total Net Revenue (Payments)	\$55,905,089	\$70,832,921	\$63,397,165
<b>K.</b>	<b><u>Discharges</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	1,420	1,378	1,333
2	Medicare	2,322	2,026	1,807
3	Medical Assistance	676	660	456
4	Medicaid	617	605	404
5	Other Medical Assistance	59	55	52
6	CHAMPUS / TRICARE	15	23	22
7	Uninsured (Included In Non-Government)	78	52	114
8	Total	4,433	4,087	3,618
<b>L.</b>	<b><u>Case Mix Index</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	0.882100	1.001900	1.023400
2	Medicare	1.179500	1.257800	1.292520
3	Medical Assistance	0.770579	0.840800	0.962631
4	Medicaid	0.734900	0.840800	0.927200
5	Other Medical Assistance	1.143700	0.840800	1.237910
6	CHAMPUS / TRICARE	0.738400	0.851600	1.175700
7	Uninsured (Included In Non-Government)	0.934300	0.975320	1.129800
8	Total Case Mix Index	1.020385	1.101892	1.151078
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	3,273	2,978	3,027
2	Emergency Room - Treated and Discharged	18,110	17,766	17,336
3	Total Emergency Room Visits	21,383	20,744	20,363

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$202,207	\$202,207	0%
2	Inpatient Payments	\$0	\$50,794	\$50,794	0%
3	Outpatient Charges	\$75,390	\$73,350	(\$2,040)	-3%
4	Outpatient Payments	\$23,484	\$33,734	\$10,250	44%
5	Discharges	0	6	6	0%
6	Patient Days	0	22	22	0%
7	Outpatient Visits (Excludes ED Visits)	43	39	(4)	-9%
8	Emergency Department Outpatient Visits	0	12	12	0%
9	Emergency Department Inpatient Admissions	0	6	6	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$75,390</b>	<b>\$275,557</b>	<b>\$200,167</b>	<b>266%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$23,484</b>	<b>\$84,528</b>	<b>\$61,044</b>	<b>260%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$167,344	\$167,344	0%
2	Inpatient Payments	\$0	\$50,789	\$50,789	0%
3	Outpatient Charges	\$0	\$67,387	\$67,387	0%
4	Outpatient Payments	\$0	\$14,070	\$14,070	0%
5	Discharges	0	4	4	0%
6	Patient Days	0	14	14	0%
7	Outpatient Visits (Excludes ED Visits)	0	42	42	0%
8	Emergency Department Outpatient Visits	0	5	5	0%
9	Emergency Department Inpatient Admissions	0	4	4	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$234,731</b>	<b>\$234,731</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$64,859</b>	<b>\$64,859</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$14,246	\$1,115,625	\$1,101,379	7731%
2	Inpatient Payments	\$6,584	\$222,009	\$215,425	3272%
3	Outpatient Charges	\$155,254	\$957,130	\$801,876	516%
4	Outpatient Payments	\$27,822	\$184,821	\$156,999	564%
5	Discharges	1	24	23	2300%
6	Patient Days	5	188	183	3660%
7	Outpatient Visits (Excludes ED Visits)	73	817	744	1019%
8	Emergency Department Outpatient Visits	7	88	81	1157%
9	Emergency Department Inpatient Admissions	0	24	24	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$169,500</b>	<b>\$2,072,755</b>	<b>\$1,903,255</b>	<b>1123%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$34,406</b>	<b>\$406,830</b>	<b>\$372,424</b>	<b>1082%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,066,777	\$3,986,457	(\$1,080,320)	-21%
2	Inpatient Payments	\$1,301,642	\$1,162,850	(\$138,792)	-11%
3	Outpatient Charges	\$3,863,116	\$3,925,128	\$62,012	2%
4	Outpatient Payments	\$801,429	\$753,625	(\$47,804)	-6%
5	Discharges	159	149	(10)	-6%
6	Patient Days	989	733	(256)	-26%
7	Outpatient Visits (Excludes ED Visits)	3,046	2,929	(117)	-4%
8	Emergency Department Outpatient Visits	255	267	12	5%
9	Emergency Department Inpatient Admissions	132	149	17	13%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,929,893</b>	<b>\$7,911,585</b>	<b>(\$1,018,308)</b>	<b>-11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,103,071</b>	<b>\$1,916,475</b>	<b>(\$186,596)</b>	<b>-9%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$67,825	\$67,825	0%
2	Inpatient Payments	\$0	\$19,228	\$19,228	0%
3	Outpatient Charges	\$0	\$39,955	\$39,955	0%
4	Outpatient Payments	\$0	\$9,014	\$9,014	0%
5	Discharges	0	3	3	0%
6	Patient Days	0	17	17	0%
7	Outpatient Visits (Excludes ED Visits)	0	40	40	0%
8	Emergency Department Outpatient Visits	0	15	15	0%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$107,780</b>	<b>\$107,780</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$28,242</b>	<b>\$28,242</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$88,224	\$146,426	\$58,202	66%
2	Inpatient Payments	\$19,709	\$48,979	\$29,270	149%
3	Outpatient Charges	\$172,408	\$73,350	(\$99,058)	-57%
4	Outpatient Payments	\$29,895	\$16,064	(\$13,831)	-46%
5	Discharges	2	5	3	150%
6	Patient Days	10	24	14	140%
7	Outpatient Visits (Excludes ED Visits)	87	71	(16)	-18%
8	Emergency Department Outpatient Visits	23	15	(8)	-35%
9	Emergency Department Inpatient Admissions	2	5	3	150%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$260,632</b>	<b>\$219,776</b>	<b>(\$40,856)</b>	<b>-16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$49,604</b>	<b>\$65,043</b>	<b>\$15,439</b>	<b>31%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$203,995	\$183,191	(\$20,804)	-10%
2	Inpatient Payments	\$44,410	\$45,560	\$1,150	3%
3	Outpatient Charges	\$301,445	\$354,228	\$52,783	18%
4	Outpatient Payments	\$55,195	\$70,066	\$14,871	27%
5	Discharges	7	9	2	29%
6	Patient Days	35	59	24	69%
7	Outpatient Visits (Excludes ED Visits)	204	277	73	36%
8	Emergency Department Outpatient Visits	21	25	4	19%
9	Emergency Department Inpatient Admissions	6	9	3	50%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$505,440</b>	<b>\$537,419</b>	<b>\$31,979</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$99,605</b>	<b>\$115,626</b>	<b>\$16,021</b>	<b>16%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$40,846	\$43,533	\$2,687	7%
4	Outpatient Payments	\$32,056	\$16,081	(\$15,975)	-50%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	14	28	14	100%
8	Emergency Department Outpatient Visits	0	8	8	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$40,846</b>	<b>\$43,533</b>	<b>\$2,687</b>	<b>7%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$32,056</b>	<b>\$16,081</b>	<b>(\$15,975)</b>	<b>-50%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$51,098	\$0	(\$51,098)	-100%
2	Inpatient Payments	\$20,536	\$0	(\$20,536)	-100%
3	Outpatient Charges	\$5,785	\$69,176	\$63,391	1096%
4	Outpatient Payments	\$1,963	\$13,987	\$12,024	613%
5	Discharges	2	0	(2)	-100%
6	Patient Days	9	0	(9)	-100%
7	Outpatient Visits (Excludes ED Visits)	1	39	38	3800%
8	Emergency Department Outpatient Visits	2	4	2	100%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$56,883</b>	<b>\$69,176</b>	<b>\$12,293</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$22,499</b>	<b>\$13,987</b>	<b>(\$8,512)</b>	<b>-38%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$460,459	\$469,703	\$9,244	2%
2	Inpatient Payments	\$134,224	\$146,219	\$11,995	9%
3	Outpatient Charges	\$464,440	\$360,191	(\$104,249)	-22%
4	Outpatient Payments	\$83,506	\$70,742	(\$12,764)	-15%
5	Discharges	16	16	0	0%
6	Patient Days	80	113	33	41%
7	Outpatient Visits (Excludes ED Visits)	545	536	(9)	-2%
8	Emergency Department Outpatient Visits	39	34	(5)	-13%
9	Emergency Department Inpatient Admissions	13	16	3	23%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$924,899</b>	<b>\$829,894</b>	<b>(\$95,005)</b>	<b>-10%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$217,730</b>	<b>\$216,961</b>	<b>(\$769)</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$5,884,799</b>	<b>\$6,338,778</b>	<b>\$453,979</b>	<b>8%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,527,105</b>	<b>\$1,746,428</b>	<b>\$219,323</b>	<b>14%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$5,078,684</b>	<b>\$5,963,428</b>	<b>\$884,744</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,055,350</b>	<b>\$1,182,204</b>	<b>\$126,854</b>	<b>12%</b>
	<b>TOTAL DISCHARGES</b>	<b>187</b>	<b>216</b>	<b>29</b>	<b>16%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,128</b>	<b>1,170</b>	<b>42</b>	<b>4%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>4,013</b>	<b>4,818</b>	<b>805</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>347</b>	<b>473</b>	<b>126</b>	<b>36%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>155</b>	<b>216</b>	<b>61</b>	<b>39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,963,483</b>	<b>\$12,302,206</b>	<b>\$1,338,723</b>	<b>12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,582,455</b>	<b>\$2,928,632</b>	<b>\$346,177</b>	<b>13%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$2,241,402	\$319,312	(\$1,922,090)	-86%
2	Inpatient Payments	\$338,900	\$50,579	(\$288,321)	-85%
3	Outpatient Charges	\$5,760,334	\$1,513,054	(\$4,247,280)	-74%
4	Outpatient Payments	\$1,343,310	\$349,062	(\$994,248)	-74%
5	Discharges	182	37	(145)	-80%
6	Patient Days	500	84	(416)	-83%
7	Outpatient Visits (Excludes ED Visits)	2,834	662	(2,172)	-77%
8	Emergency Department Outpatient Visits	1,551	432	(1,119)	-72%
9	Emergency Department Inpatient Admissions	28	25	(3)	-11%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,001,736</b>	<b>\$1,832,366</b>	<b>(\$6,169,370)</b>	<b>-77%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,682,210</b>	<b>\$399,641</b>	<b>(\$1,282,569)</b>	<b>-76%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$383,694	\$1,361,389	\$977,695	255%
2	Inpatient Payments	\$73,362	\$373,565	\$300,203	409%
3	Outpatient Charges	\$801,803	\$3,062,151	\$2,260,348	282%
4	Outpatient Payments	\$166,294	\$755,127	\$588,833	354%
5	Discharges	44	165	121	275%
6	Patient Days	125	442	317	254%
7	Outpatient Visits (Excludes ED Visits)	347	1,586	1,239	357%
8	Emergency Department Outpatient Visits	261	1,039	778	298%
9	Emergency Department Inpatient Admissions	3	17	14	467%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,185,497</b>	<b>\$4,423,540</b>	<b>\$3,238,043</b>	<b>273%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$239,656</b>	<b>\$1,128,692</b>	<b>\$889,036</b>	<b>371%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$345,863	\$0	(\$345,863)	-100%
2	Inpatient Payments	\$86,189	\$0	(\$86,189)	-100%
3	Outpatient Charges	\$891,679	\$3,466	(\$888,213)	-100%
4	Outpatient Payments	\$194,832	\$431	(\$194,401)	-100%
5	Discharges	34	0	(34)	-100%
6	Patient Days	98	0	(98)	-100%
7	Outpatient Visits (Excludes ED Visits)	482	8	(474)	-98%
8	Emergency Department Outpatient Visits	238	0	(238)	-100%
9	Emergency Department Inpatient Admissions	83	0	(83)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,237,542</b>	<b>\$3,466</b>	<b>(\$1,234,076)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$281,021</b>	<b>\$431</b>	<b>(\$280,590)</b>	<b>-100%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$1,841,614	\$1,121,597	(\$720,017)	-39%
2	Inpatient Payments	\$454,049	\$275,352	(\$178,697)	-39%
3	Outpatient Charges	\$925,977	\$574,586	(\$351,391)	-38%
4	Outpatient Payments	\$118,703	\$60,675	(\$58,028)	-49%
5	Discharges	123	58	(65)	-53%
6	Patient Days	848	358	(490)	-58%
7	Outpatient Visits (Excludes ED Visits)	314	104	(210)	-67%
8	Emergency Department Outpatient Visits	56	275	219	391%
9	Emergency Department Inpatient Admissions	31	58	27	87%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,767,591</b>	<b>\$1,696,183</b>	<b>(\$1,071,408)</b>	<b>-39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$572,752</b>	<b>\$336,027</b>	<b>(\$236,725)</b>	<b>-41%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$81,418	\$0	(\$81,418)	-100%
2	Inpatient Payments	\$13,084	\$0	(\$13,084)	-100%
3	Outpatient Charges	\$98,333	\$0	(\$98,333)	-100%
4	Outpatient Payments	\$18,310	\$0	(\$18,310)	-100%
5	Discharges	9	0	(9)	-100%
6	Patient Days	24	0	(24)	-100%
7	Outpatient Visits (Excludes ED Visits)	75	0	(75)	-100%
8	Emergency Department Outpatient Visits	28	0	(28)	-100%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$179,751</b>	<b>\$0</b>	<b>(\$179,751)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$31,394</b>	<b>\$0</b>	<b>(\$31,394)</b>	<b>-100%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$92,157	\$92,157	0%
2	Inpatient Payments	\$0	\$24,127	\$24,127	0%
3	Outpatient Charges	\$0	\$546,862	\$546,862	0%
4	Outpatient Payments	\$0	\$141,583	\$141,583	0%
5	Discharges	0	12	12	0%
6	Patient Days	0	32	32	0%
7	Outpatient Visits (Excludes ED Visits)	0	222	222	0%
8	Emergency Department Outpatient Visits	0	223	223	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$639,019</b>	<b>\$639,019</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$165,710</b>	<b>\$165,710</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$187,703	\$187,703	0%
2	Inpatient Payments	\$0	\$21,023	\$21,023	0%
3	Outpatient Charges	\$0	\$1,230,959	\$1,230,959	0%
4	Outpatient Payments	\$0	\$307,863	\$307,863	0%
5	Discharges	0	13	13	0%
6	Patient Days	0	46	46	0%
7	Outpatient Visits (Excludes ED Visits)	0	351	351	0%
8	Emergency Department Outpatient Visits	0	502	502	0%
9	Emergency Department Inpatient Admissions	0	13	13	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$1,418,662</b>	<b>\$1,418,662</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$328,886</b>	<b>\$328,886</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$4,893,991</b>	<b>\$3,082,158</b>	<b>(\$1,811,833)</b>	<b>-37%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$965,584</b>	<b>\$744,646</b>	<b>(\$220,938)</b>	<b>-23%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$8,478,126</b>	<b>\$6,931,078</b>	<b>(\$1,547,048)</b>	<b>-18%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,841,449</b>	<b>\$1,614,741</b>	<b>(\$226,708)</b>	<b>-12%</b>
	<b>TOTAL DISCHARGES</b>	<b>392</b>	<b>285</b>	<b>(107)</b>	<b>-27%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,595</b>	<b>962</b>	<b>(633)</b>	<b>-40%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>4,052</b>	<b>2,933</b>	<b>(1,119)</b>	<b>-28%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,134</b>	<b>2,471</b>	<b>337</b>	<b>16%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>145</b>	<b>115</b>	<b>(30)</b>	<b>-21%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$13,372,117</b>	<b>\$10,013,236</b>	<b>(\$3,358,881)</b>	<b>-25%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,807,033</b>	<b>\$2,359,387</b>	<b>(\$447,646)</b>	<b>-16%</b>

**JOHNSON MEMORIAL HOSPITAL  
 TWELVE MONTHS ACTUAL FILING  
 FISCAL YEAR 2009  
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

JOHNSON MEMORIAL CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$4,847,594	\$5,343,494	\$495,900	10%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,482,882	\$12,328,784	\$845,902	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$444,110	\$444,110	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,109,071	\$1,200,968	\$91,897	8%
8	Prepaid Expenses	\$787,528	\$1,481,387	\$693,859	88%
9	Other Current Assets	\$1,752,361	\$530,364	(\$1,221,997)	-70%
	<b>Total Current Assets</b>	<b>\$19,979,436</b>	<b>\$21,329,107</b>	<b>\$1,349,671</b>	<b>7%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$6,578,428	\$4,009,309	(\$2,569,119)	-39%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,863,985	\$0	(\$1,863,985)	-100%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$8,442,413</b>	<b>\$4,009,309</b>	<b>(\$4,433,104)</b>	<b>-53%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,962,680	\$3,694,829	\$732,149	25%
7	Other Noncurrent Assets	\$1,208,925	\$941,124	(\$267,801)	-22%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$83,779,692	\$85,744,846	\$1,965,154	2%
2	Less: Accumulated Depreciation	\$42,199,704	\$44,974,323	\$2,774,619	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$41,579,988</b>	<b>\$40,770,523</b>	<b>(\$809,465)</b>	<b>-2%</b>
3	Construction in Progress	\$123,182	\$0	(\$123,182)	-100%
	<b>Total Net Fixed Assets</b>	<b>\$41,703,170</b>	<b>\$40,770,523</b>	<b>(\$932,647)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$74,296,624</b>	<b>\$70,744,892</b>	<b>(\$3,551,732)</b>	<b>-5%</b>

<b>JOHNSON MEMORIAL CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$21,342,521	\$23,848,667	\$2,506,146	12%
2	Salaries, Wages and Payroll Taxes	\$3,819,834	\$4,429,680	\$609,846	16%
3	Due To Third Party Payers	\$1,118,742	\$304,390	(\$814,352)	-73%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$10,213,555	\$7,622,319	(\$2,591,236)	-25%
7	Other Current Liabilities	\$10,431,390	\$9,649,015	(\$782,375)	-8%
	<b>Total Current Liabilities</b>	<b>\$46,926,042</b>	<b>\$45,854,071</b>	<b>(\$1,071,971)</b>	<b>-2%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$32,508,740	\$31,986,240	(\$522,500)	-2%
	<b>Total Long Term Debt</b>	<b>\$32,508,740</b>	<b>\$31,986,240</b>	<b>(\$522,500)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$1,281,829	\$1,683,023	\$401,194	31%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$33,790,569</b>	<b>\$33,669,263</b>	<b>(\$121,306)</b>	<b>0%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$6,089,901	\$6,089,901	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$7,848,792)	(\$16,166,149)	(\$8,317,357)	106%
2	Temporarily Restricted Net Assets	\$416,810	\$285,811	(\$130,999)	-31%
3	Permanently Restricted Net Assets	\$1,011,995	\$1,011,995	\$0	0%
	<b>Total Net Assets</b>	<b>(\$6,419,987)</b>	<b>(\$14,868,343)</b>	<b>(\$8,448,356)</b>	<b>132%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$74,296,624</b>	<b>\$70,744,892</b>	<b>(\$3,551,732)</b>	<b>-5%</b>

JOHNSON MEMORIAL CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$263,837,838	\$229,142,463	(\$34,695,375)	-13%
2	Less: Allowances	\$166,951,118	\$141,890,606	(\$25,060,512)	-15%
3	Less: Charity Care	\$97,529	\$559,676	\$462,147	474%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$96,789,191</b>	<b>\$86,692,181</b>	<b>(\$10,097,010)</b>	<b>-10%</b>
5	Other Operating Revenue	\$4,697,498	\$6,489,182	\$1,791,684	38%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$101,486,689</b>	<b>\$93,181,363</b>	<b>(\$8,305,326)</b>	<b>-8%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$45,413,119	\$41,983,567	(\$3,429,552)	-8%
2	Fringe Benefits	\$10,634,521	\$10,647,150	\$12,629	0%
3	Physicians Fees	\$3,559,560	\$481,396	(\$3,078,164)	-86%
4	Supplies and Drugs	\$8,121,082	\$9,027,325	\$906,243	11%
5	Depreciation and Amortization	\$3,938,145	\$4,295,301	\$357,156	9%
6	Bad Debts	\$7,758,967	\$6,160,349	(\$1,598,618)	-21%
7	Interest	\$2,124,765	\$1,228,410	(\$896,355)	-42%
8	Malpractice	\$935,157	\$440,292	(\$494,865)	-53%
9	Other Operating Expenses	\$26,406,081	\$24,236,283	(\$2,169,798)	-8%
	<b>Total Operating Expenses</b>	<b>\$108,891,397</b>	<b>\$98,500,073</b>	<b>(\$10,391,324)</b>	<b>-10%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$7,404,708)</b>	<b>(\$5,318,710)</b>	<b>\$2,085,998</b>	<b>-28%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$271,855	(\$604,125)	(\$875,980)	-322%
2	Gifts, Contributions and Donations	\$1,500,000	\$0	(\$1,500,000)	-100%
3	Other Non-Operating Gains/(Losses)	\$0	(\$68,837)	(\$68,837)	0%
	<b>Total Non-Operating Revenue</b>	<b>\$1,771,855</b>	<b>(\$672,962)</b>	<b>(\$2,444,817)</b>	<b>-138%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$5,632,853)</b>	<b>(\$5,991,672)</b>	<b>(\$358,819)</b>	<b>6%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$5,632,853)</b>	<b>(\$5,991,672)</b>	<b>(\$358,819)</b>	<b>6%</b>

<b>JOHNSON MEMORIAL CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$90,739,772	\$96,789,191	\$86,692,181
2	Other Operating Revenue	3,981,893	4,697,498	6,489,182
3	Total Operating Revenue	\$94,721,665	\$101,486,689	\$93,181,363
4	Total Operating Expenses	110,821,830	108,891,397	98,500,073
5	Income/(Loss) From Operations	(\$16,100,165)	(\$7,404,708)	(\$5,318,710)
6	Total Non-Operating Revenue	1,448,996	1,771,855	(672,962)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$14,651,169)	(\$5,632,853)	(\$5,991,672)
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	-16.74%	-7.17%	-5.75%
2	Parent Corporation Non-Operating Margin	1.51%	1.72%	-0.73%
3	Parent Corporation Total Margin	-15.23%	-5.46%	-6.48%
4	Income/(Loss) From Operations	(\$16,100,165)	(\$7,404,708)	(\$5,318,710)
5	Total Operating Revenue	\$94,721,665	\$101,486,689	\$93,181,363
6	Total Non-Operating Revenue	\$1,448,996	\$1,771,855	(\$672,962)
7	Total Revenue	\$96,170,661	\$103,258,544	\$92,508,401
8	Excess/(Deficiency) of Revenue Over Expenses	(\$14,651,169)	(\$5,632,853)	(\$5,991,672)
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	(\$4,206,359)	(\$7,848,792)	-\$16,166,149
2	Parent Corporation Total Net Assets	\$1,088,144	(\$6,419,987)	(\$14,868,343)
3	Parent Corporation Change in Total Net Assets	\$1,088,144	(\$7,508,131)	(\$8,448,356)
4	Parent Corporation Change in Total Net Assets %	0.0%	-690.0%	131.6%

<b>JOHNSON MEMORIAL CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0.47</b>	<b>0.43</b>	<b>0.47</b>
2	Total Current Assets	\$18,571,432	\$19,979,436	\$21,329,107
3	Total Current Liabilities	\$39,495,247	\$46,926,042	\$45,854,071
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>4</b>	<b>17</b>	<b>21</b>
5	Cash and Cash Equivalents	\$1,081,911	\$4,847,594	\$5,343,494
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$1,081,911	\$4,847,594	\$5,343,494
8	Total Operating Expenses	\$110,821,830	\$108,891,397	\$98,500,073
9	Depreciation Expense	\$3,683,053	\$3,938,145	\$4,295,301
10	Operating Expenses less Depreciation Expense	\$107,138,777	\$104,953,252	\$94,204,772
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>48</b>	<b>39</b>	<b>51</b>
12	Net Patient Accounts Receivable	\$ 12,594,326	\$ 11,482,882	\$ 12,328,784
13	Due From Third Party Payers	\$60,899	\$0	\$0
14	Due To Third Party Payers	\$805,620	\$1,118,742	\$304,390
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 11,849,605	\$ 10,364,140	\$ 12,024,394
16	Total Net Patient Revenue	\$90,739,772	\$96,789,191	\$86,692,181
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>135</b>	<b>163</b>	<b>178</b>
18	Total Current Liabilities	\$39,495,247	\$46,926,042	\$45,854,071
19	Total Operating Expenses	\$110,821,830	\$108,891,397	\$98,500,073
20	Depreciation Expense	\$3,683,053	\$3,938,145	\$4,295,301
21	Total Operating Expenses less Depreciation Expense	\$107,138,777	\$104,953,252	\$94,204,772

<b>JOHNSON MEMORIAL CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>E. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>1.5</b>	<b>(8.6)</b>	<b>(21.0)</b>
2	Total Net Assets	\$1,088,144	(\$6,419,987)	(\$14,868,343)
3	Total Assets	\$72,084,884	\$74,296,624	\$70,744,892
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(15.8)</b>	<b>(2.1)</b>	<b>(2.2)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$14,651,169)	(\$5,632,853)	(\$5,991,672)
6	Depreciation Expense	\$3,683,053	\$3,938,145	\$4,295,301
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$10,968,116)	(\$1,694,708)	(\$1,696,371)
8	Total Current Liabilities	\$39,495,247	\$46,926,042	\$45,854,071
9	Total Long Term Debt	\$30,052,670	\$32,508,740	\$31,986,240
10	Total Current Liabilities and Total Long Term Debt	\$69,547,917	\$79,434,782	\$77,840,311
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>96.5</b>	<b>124.6</b>	<b>186.9</b>
12	Total Long Term Debt	\$30,052,670	\$32,508,740	\$31,986,240
13	Total Net Assets	\$1,088,144	(\$6,419,987)	(\$14,868,343)
14	Total Long Term Debt and Total Net Assets	\$31,140,814	\$26,088,753	\$17,117,897

JOHNSON MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	11,079	42	56	72.3%	54.2%
2	ICU/CCU (Excludes Neonatal ICU)	1,542	5	7	84.5%	60.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,988	17	20	64.3%	54.6%
	<b>TOTAL PSYCHIATRIC</b>	<b>3,988</b>	<b>17</b>	<b>20</b>	<b>64.3%</b>	<b>54.6%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	764	4	6	52.3%	34.9%
7	Newborn	625	4	6	42.8%	28.5%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>17,373</b>	<b>68</b>	<b>89</b>	<b>70.0%</b>	<b>53.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>17,998</b>	<b>72</b>	<b>95</b>	<b>68.5%</b>	<b>51.9%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>17,998</b>	<b>72</b>	<b>95</b>	<b>68.5%</b>	<b>51.9%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>21,656</b>	<b>72</b>	<b>95</b>	<b>82.4%</b>	<b>62.5%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-3,658</b>	<b>0</b>	<b>0</b>	<b>-13.9%</b>	<b>-10.5%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-17%</b>	<b>0%</b>	<b>0%</b>	<b>-17%</b>	<b>-17%</b>
	Total Licensed Beds and Bassinets	101				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	3,939	3,673	-266	-7%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,380	1,719	339	25%
3	Emergency Department Scans	4,344	4,955	611	14%
4	Other Non-Hospital Providers' Scans (A)	2,902	2,100	-802	-28%
	<b>Total CT Scans</b>	<b>12,565</b>	<b>12,447</b>	<b>-118</b>	<b>-1%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	379	279	-100	-26%
2	Outpatient Scans (Excluding Emergency Department Scans)	690	693	3	0%
3	Emergency Department Scans	18	15	-3	-17%
4	Other Non-Hospital Providers' Scans (A)	1,255	968	-287	-23%
	<b>Total MRI Scans</b>	<b>2,342</b>	<b>1,955</b>	<b>-387</b>	<b>-17%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	6	0	-6	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	3	0	-3	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	310	0	-310	-100%
	<b>Total PET Scans</b>	<b>319</b>	<b>0</b>	<b>-319</b>	<b>-100%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	809	763	-46	-6%
2	Outpatient Surgical Procedures	6,139	2,242	-3,897	-63%
	<b>Total Surgical Procedures</b>	<b>6,948</b>	<b>3,005</b>	<b>-3,943</b>	<b>-57%</b>

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	122	175	53	43%
2	Outpatient Endoscopy Procedures	2,337	2,409	72	3%
	<b>Total Endoscopy Procedures</b>	<b>2,459</b>	<b>2,584</b>	<b>125</b>	<b>5%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	2,978	3,027	49	2%
2	Emergency Room Visits: Treated and Discharged	17,766	17,336	-430	-2%
	<b>Total Emergency Room Visits</b>	<b>20,744</b>	<b>20,363</b>	<b>-381</b>	<b>-2%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	2,824	1,075	-1,749	-62%
2	Cardiology	2,358	1,641	-717	-30%
3	Chemotherapy	0	343	343	0%
4	Gastroenterology	1,135	1,537	402	35%
5	Other Outpatient Visits	85,985	79,585	-6,400	-7%
	<b>Total Other Hospital Outpatient Visits</b>	<b>92,302</b>	<b>84,181</b>	<b>-8,121</b>	<b>-9%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	132.3	119.0	-13.3	-10%
2	Total Physician FTEs	10.4	11.3	0.9	9%
3	Total Non-Nursing and Non-Physician FTEs	409.9	338.9	-71.0	-17%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>552.6</b>	<b>469.2</b>	<b>-83.4</b>	<b>-15%</b>

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Johnson Memorial Hospital	2,019	951	-1,068	-53%
2	Offsite Surgery Department - Enfield, CT	4,120	1,291	-2,829	-69%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>6,139</b>	<b>2,242</b>	<b>-3,897</b>	<b>-63%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Johnson Memorial Hospital	1,342	1,786	444	33%
2	Offsite Surgical Department - Enfield, CT	995	623	-372	-37%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,337</b>	<b>2,409</b>	<b>72</b>	<b>3%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Johnson Memorial Hospital	17,766	17,336	-430	-2%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>17,766</b>	<b>17,336</b>	<b>-430</b>	<b>-2%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$62,030,585	\$51,856,684	(\$10,173,901)	-16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,776,300	\$14,638,639	(\$2,137,661)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.05%	28.23%	1.18%	4%
4	DISCHARGES	2,026	1,807	(219)	-11%
5	CASE MIX INDEX (CMI)	1.25780	1.29252	0.03472	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,548,30280	2,335,58364	(212,71916)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,583.32	\$6,267.66	(\$315.67)	-5%
8	PATIENT DAYS	12,883	10,623	(2,260)	-18%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,302.20	\$1,378.01	\$75.81	6%
10	AVERAGE LENGTH OF STAY	6.4	5.9	(0.5)	-8%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$42,349,672	\$35,476,768	(\$6,872,904)	-16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,913,212	\$7,161,657	(\$751,555)	-9%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.69%	20.19%	1.50%	8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	68.27%	68.41%	0.14%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,383,19565	1,236,22482	(146,97083)	-11%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,720.96	\$5,793.17	\$72.20	1%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$104,380,257	\$87,333,452	(\$17,046,805)	-16%
18	TOTAL ACCRUED PAYMENTS	\$24,689,512	\$21,800,296	(\$2,889,216)	-12%
19	TOTAL ALLOWANCES	\$79,690,745	\$65,533,156	(\$14,157,589)	-18%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$27,972,811	\$24,183,725	(\$3,789,086)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,416,491	\$8,751,723	\$2,335,232	36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.94%	36.19%	13.25%	58%
4	DISCHARGES	1,378	1,333	(45)	-3%
5	CASE MIX INDEX (CMI)	1.00190	1.02340	0.02150	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,380.61820	1,364.19220	(16.42600)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,647.55	\$6,415.32	\$1,767.77	38%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,935.77	(\$147.66)	(\$2,083.43)	-108%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,672,564	(\$201,433)	(\$2,873,997)	-108%
10	PATIENT DAYS	5,553	5,221	(332)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,155.50	\$1,676.25	\$520.75	45%
12	AVERAGE LENGTH OF STAY	4.0	3.9	(0.1)	-3%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$80,453,454	\$65,316,409	(\$15,137,045)	-19%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$34,830,391	\$28,858,599	(\$5,971,792)	-17%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.29%	44.18%	0.89%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	287.61%	270.08%	-17.53%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,963.30779	3,600.22177	(363.08602)	-9%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,788.21	\$8,015.78	(\$772.43)	-9%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,067.25)	(\$2,222.62)	\$844.63	-28%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,156,451)	(\$8,001,913)	\$4,154,539	-34%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$108,426,265	\$89,500,134	(\$18,926,131)	-17%
22	TOTAL ACCRUED PAYMENTS	\$41,246,882	\$37,610,322	(\$3,636,560)	-9%
23	TOTAL ALLOWANCES	\$67,179,383	\$51,889,812	(\$15,289,571)	-23%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,483,887)	(\$8,203,346)	\$1,280,541	-14%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$108,426,265	\$82,051,367	(\$26,374,898)	-24%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$41,246,882	\$36,791,779	(\$4,455,103)	-11%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,179,383	\$45,259,588	(\$21,919,795)	-33%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.96%	55.16%	-6.80%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$2,592,114	\$2,666,773	\$74,659	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$773,746	\$26,382	(\$747,364)	-97%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.85%	0.99%	-28.86%	-97%
4	DISCHARGES	52	114	62	119%
5	CASE MIX INDEX (CMI)	0.97532	1.12980	0.15448	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	50.71664	128.79720	78.08056	154%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$15,256.26	\$204.83	(\$15,051.42)	-99%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	(\$10,608.71)	\$6,210.48	\$16,819.19	-159%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$8,672.93)	\$6,062.82	\$14,735.76	-170%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$439,862)	\$780,875	\$1,220,737	-278%
11	PATIENT DAYS	236	638	402	170%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,278.58	\$41.35	(\$3,237.23)	-99%
13	AVERAGE LENGTH OF STAY	4.5	5.6	1.1	23%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,979,741	\$4,781,994	(\$1,197,747)	-20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,741,301	\$792,161	(\$949,140)	-55%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.12%	16.57%	-12.55%	-43%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	230.69%	179.32%	-51.37%	-22%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	119.95866	204.42209	84.46343	70%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,515.84	\$3,875.12	(\$10,640.72)	-73%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	(\$5,727.63)	\$4,140.66	\$9,868.29	-172%
21	MEDICARE - UNINSURED OP PMT / OPED	(\$8,794.88)	\$1,918.04	\$10,712.92	-122%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,055,022)	\$392,090	\$1,447,112	-137%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$8,571,855	\$7,448,767	(\$1,123,088)	-13%
24	TOTAL ACCRUED PAYMENTS	\$2,515,047	\$818,543	(\$1,696,504)	-67%
25	TOTAL ALLOWANCES	\$6,056,808	\$6,630,224	\$573,416	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,494,884)	\$1,172,965	\$2,667,849	-178%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$8,536,962	\$5,308,622	(\$3,228,340)	-38%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,851,555	\$1,393,883	(\$457,672)	-25%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.69%	26.26%	4.57%	21%
4	DISCHARGES	605	404	(201)	-33%
5	CASE MIX INDEX (CMI)	0.84080	0.92720	0.08640	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	508.68400	374.58880	(134.09520)	-26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,639.89	\$3,721.10	\$81.21	2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,007.66	\$2,694.21	\$1,686.56	167%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,943.43	\$2,546.56	(\$396.87)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,497,276	\$953,911	(\$543,365)	-36%
11	PATIENT DAYS	2,863	1,718	(1,145)	-40%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$646.72	\$811.34	\$164.62	25%
13	AVERAGE LENGTH OF STAY	4.7	4.3	(0.5)	-10%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,976,511	\$9,428,967	(\$1,547,544)	-14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,323,388	\$2,176,516	(\$146,872)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.17%	23.08%	1.92%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	128.58%	177.62%	49.04%	38%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	777.88669	717.56902	(60.31768)	-8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,986.79	\$3,033.18	\$46.39	2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,801.42	\$4,982.60	(\$818.81)	-14%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,734.17	\$2,759.99	\$25.82	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,126,873	\$1,980,481	(\$146,392)	-7%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$19,513,473	\$14,737,589	(\$4,775,884)	-24%
24	TOTAL ACCRUED PAYMENTS	\$4,174,943	\$3,570,399	(\$604,544)	-14%
25	TOTAL ALLOWANCES	\$15,338,530	\$11,167,190	(\$4,171,340)	-27%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,624,149	\$2,934,393	(\$689,757)	-19%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>				
	<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$1,130,922	\$1,304,309	\$173,387	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$111,509	\$148,039	\$36,530	33%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	9.86%	11.35%	1.49%	15%
4	DISCHARGES	55	52	(3)	-5%
5	CASE MIX INDEX (CMI)	0.84080	1.23791	0.39711	47%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	46.24400	64.37132	18.12732	39%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,411.32	\$2,299.77	(\$111.55)	-5%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,236.23	\$4,115.55	\$1,879.32	84%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,172.00	\$3,967.89	(\$204.11)	-5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$192,930	\$255,418	\$62,488	32%
11	PATIENT DAYS	254	335	81	32%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$439.01	\$441.91	\$2.90	1%
13	AVERAGE LENGTH OF STAY	4.6	6.4	1.8	39%
	<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,006,899	\$1,642,756	(\$364,143)	-18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$268,322	\$114,993	(\$153,329)	-57%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.37%	7.00%	-6.37%	-48%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	177.46%	125.95%	-51.51%	-29%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	97.60129	65.49316	(32.10813)	-33%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,749.16	\$1,755.80	(\$993.36)	-36%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,039.05	\$6,259.98	\$220.93	4%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,971.80	\$4,037.37	\$1,065.57	36%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$290,051	\$264,420	(\$25,632)	-9%
	<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$3,137,821	\$2,947,065	(\$190,756)	-6%
24	TOTAL ACCRUED PAYMENTS	\$379,831	\$263,032	(\$116,799)	-31%
25	TOTAL ALLOWANCES	\$2,757,990	\$2,684,033	(\$73,957)	-3%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$482,982	\$519,838	\$36,857	8%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>				
	<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$9,667,884	\$6,612,931	(\$3,054,953)	-32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,963,064	\$1,541,922	(\$421,142)	-21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.31%	23.32%	3.01%	15%
4	DISCHARGES	660	456	(204)	-31%
5	CASE MIX INDEX (CMI)	0.84080	0.96263	0.12183	14%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	554.92800	438.96012	(115.96788)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,537.51	\$3,512.67	(\$24.84)	-1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,110.04	\$2,902.65	\$1,792.61	161%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,045.81	\$2,754.99	(\$290.82)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,690,206	\$1,209,330	(\$480,876)	-28%
11	PATIENT DAYS	3,117	2,053	(1,064)	-34%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$629.79	\$751.06	\$121.27	19%
13	AVERAGE LENGTH OF STAY	4.7	4.5	(0.2)	-5%
	<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,983,410	\$11,071,723	(\$1,911,687)	-15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,591,710	\$2,291,509	(\$300,201)	-12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.96%	20.70%	0.74%	4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	134.29%	167.43%	33.13%	25%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	875.48798	783.06217	(92.42581)	-11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,960.30	\$2,926.34	(\$33.96)	-1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,827.91	\$5,089.44	(\$738.47)	-13%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,760.66	\$2,866.82	\$106.16	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,416,925	\$2,244,901	(\$172,024)	-7%
	<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$22,651,294	\$17,684,654	(\$4,966,640)	-22%
24	TOTAL ACCRUED PAYMENTS	\$4,554,774	\$3,833,431	(\$721,343)	-16%
25	TOTAL ALLOWANCES	\$18,096,520	\$13,851,223	(\$4,245,297)	-23%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$410,335	\$423,693	\$13,358	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$126,999	\$39,949	(\$87,050)	-69%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.95%	9.43%	-21.52%	-70%
4	DISCHARGES	23	22	(1)	-4%
5	CASE MIX INDEX (CMI)	0.85160	1.17570	0.32410	38%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	19.58680	25.86540	6.27860	32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,483.91	\$1,544.50	(\$4,939.41)	-76%
8	PATIENT DAYS	103	101	(2)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,233.00	\$395.53	(\$837.47)	-68%
10	AVERAGE LENGTH OF STAY	4.5	4.6	0.1	3%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$737,228	\$652,602	(\$84,626)	-11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$214,754	\$113,167	(\$101,587)	-47%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,147,563	\$1,076,295	(\$71,268)	-6%
14	TOTAL ACCRUED PAYMENTS	\$341,753	\$153,116	(\$188,637)	-55%
15	TOTAL ALLOWANCES	\$805,810	\$923,179	\$117,369	15%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$743,950	\$951,983	\$208,033	28%
2	TOTAL OPERATING EXPENSES	\$75,843,310	\$69,149,506	(\$6,693,804)	-9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$201,751	\$0	(\$201,751)	-100%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$287,523	\$559,676	\$272,153	95%
5	BAD DEBTS (CHARGES)	\$8,586,666	\$7,812,094	(\$774,572)	-9%
6	UNCOMPENSATED CARE (CHARGES)	\$8,874,189	\$8,371,770	(\$502,419)	-6%
7	COST OF UNCOMPENSATED CARE	\$2,331,409	\$2,638,963	\$307,554	13%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$22,651,294	\$17,684,654	(\$4,966,640)	-22%
9	TOTAL ACCRUED PAYMENTS	\$4,554,774	\$3,833,431	(\$721,343)	-16%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$5,950,902	\$5,574,585	(\$376,317)	-6%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,396,128	\$1,741,154	\$345,026	25%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$100,081,615	\$83,077,033	(\$17,004,582)	-17%
2	TOTAL INPATIENT PAYMENTS	\$25,282,854	\$24,972,233	(\$310,621)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	25.26%	30.06%	4.80%	19%
4	TOTAL DISCHARGES	4,087	3,618	(469)	-11%
5	TOTAL CASE MIX INDEX	1.10189	1.15108	0.04919	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,503.43580	4,164.60136	(338.83444)	-8%
7	TOTAL OUTPATIENT CHARGES	\$136,523,764	\$112,517,502	(\$24,006,262)	-18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	136.41%	135.44%	-0.97%	-1%
9	TOTAL OUTPATIENT PAYMENTS	\$45,550,067	\$38,424,932	(\$7,125,135)	-16%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.36%	34.15%	0.79%	2%
11	TOTAL CHARGES	\$236,605,379	\$195,594,535	(\$41,010,844)	-17%
12	TOTAL PAYMENTS	\$70,832,921	\$63,397,165	(\$7,435,756)	-10%
13	TOTAL PAYMENTS / TOTAL CHARGES	29.94%	32.41%	2.48%	8%
14	PATIENT DAYS	21,656	17,998	(3,658)	-17%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$72,108,804	\$58,893,308	(\$13,215,496)	-18%
2	INPATIENT PAYMENTS	\$18,866,363	\$16,220,510	(\$2,645,853)	-14%
3	GOVT. INPATIENT PAYMENTS / CHARGES	26.16%	27.54%	1.38%	5%
4	DISCHARGES	2,709	2,285	(424)	-16%
5	CASE MIX INDEX	1.15276	1.22556	0.07281	6%
6	CASE MIX ADJUSTED DISCHARGES	3,122.81760	2,800.40916	(322.40844)	-10%
7	OUTPATIENT CHARGES	\$56,070,310	\$47,201,093	(\$8,869,217)	-16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	77.76%	80.15%	2.39%	3%
9	OUTPATIENT PAYMENTS	\$10,719,676	\$9,566,333	(\$1,153,343)	-11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.12%	20.27%	1.15%	6%
11	TOTAL CHARGES	\$128,179,114	\$106,094,401	(\$22,084,713)	-17%
12	TOTAL PAYMENTS	\$29,586,039	\$25,786,843	(\$3,799,196)	-13%
13	TOTAL PAYMENTS / CHARGES	23.08%	24.31%	1.22%	5%
14	PATIENT DAYS	16,103	12,777	(3,326)	-21%
15	TOTAL GOVERNMENT DEDUCTIONS	\$98,593,075	\$80,307,558	(\$18,285,517)	-19%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	6.4	5.9	(0.5)	-8%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)	-3%
3	UNINSURED	4.5	5.6	1.1	23%
4	MEDICAID	4.7	4.3	(0.5)	-10%
5	OTHER MEDICAL ASSISTANCE	4.6	6.4	1.8	39%
6	CHAMPUS / TRICARE	4.5	4.6	0.1	3%
7	TOTAL AVERAGE LENGTH OF STAY	5.3	5.0	(0.3)	-6%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$236,605,379	\$195,594,535	(\$41,010,844)	-17%
2	TOTAL GOVERNMENT DEDUCTIONS	\$98,593,075	\$80,307,558	(\$18,285,517)	-19%
3	UNCOMPENSATED CARE	\$8,874,189	\$8,371,770	(\$502,419)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,179,383	\$45,259,588	(\$21,919,795)	-33%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$174,646,647	\$133,938,916	(\$40,707,731)	-23%
7	TOTAL ACCRUED PAYMENTS	\$61,958,732	\$61,655,619	(\$303,113)	0%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$201,751	\$0	(\$201,751)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$62,160,483	\$61,655,619	(\$504,864)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2627179621	0.3152215833	0.0525036211	20%
11	COST OF UNCOMPENSATED CARE	\$2,331,409	\$2,638,963	\$307,554	13%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,396,128	\$1,741,154	\$345,026	25%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	(\$3,727,537)	\$0	\$3,727,537	-100%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	(\$0)	\$4,380,116	\$4,380,117	-1247684750%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$2,126,873	\$1,980,481	(\$146,392)	-7%
2	OTHER MEDICAL ASSISTANCE	\$482,982	\$519,838	\$36,857	8%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$1,494,884)	\$1,172,965	\$2,667,849	-178%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,114,971	\$3,673,285	\$2,558,313	229%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$71,034,672	\$63,397,165	(\$7,637,507)	-10.75%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$236,605,380	\$195,594,535	(\$41,010,845)	-17.33%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,874,189	\$8,371,770	(\$502,419)	-5.66%

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,972,811	\$24,183,725	(\$3,789,086)
2	MEDICARE	\$62,030,585	51,856,684	(\$10,173,901)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,667,884	6,612,931	(\$3,054,953)
4	MEDICAID	\$8,536,962	5,308,622	(\$3,228,340)
5	OTHER MEDICAL ASSISTANCE	\$1,130,922	1,304,309	\$173,387
6	CHAMPUS / TRICARE	\$410,335	423,693	\$13,358
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,592,114	2,666,773	\$74,659
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$72,108,804</b>	<b>\$58,893,308</b>	<b>(\$13,215,496)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$100,081,615</b>	<b>\$83,077,033</b>	<b>(\$17,004,582)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$80,453,454	\$65,316,409	(\$15,137,045)
2	MEDICARE	\$42,349,672	35,476,768	(\$6,872,904)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,983,410	11,071,723	(\$1,911,687)
4	MEDICAID	\$10,976,511	9,428,967	(\$1,547,544)
5	OTHER MEDICAL ASSISTANCE	\$2,006,899	1,642,756	(\$364,143)
6	CHAMPUS / TRICARE	\$737,228	652,602	(\$84,626)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,979,741	4,781,994	(\$1,197,747)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$56,070,310</b>	<b>\$47,201,093</b>	<b>(\$8,869,217)</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$136,523,764</b>	<b>\$112,517,502</b>	<b>(\$24,006,262)</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$108,426,265	\$89,500,134	(\$18,926,131)
2	TOTAL MEDICARE	\$104,380,257	\$87,333,452	(\$17,046,805)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,651,294	\$17,684,654	(\$4,966,640)
4	TOTAL MEDICAID	\$19,513,473	\$14,737,589	(\$4,775,884)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,137,821	\$2,947,065	(\$190,756)
6	TOTAL CHAMPUS / TRICARE	\$1,147,563	\$1,076,295	(\$71,268)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,571,855	\$7,448,767	(\$1,123,088)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$128,179,114</b>	<b>\$106,094,401</b>	<b>(\$22,084,713)</b>
	<b>TOTAL CHARGES</b>	<b>\$236,605,379</b>	<b>\$195,594,535</b>	<b>(\$41,010,844)</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,416,491	\$8,751,723	\$2,335,232
2	MEDICARE	\$16,776,300	14,638,639	(\$2,137,661)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,963,064	1,541,922	(\$421,142)
4	MEDICAID	\$1,851,555	1,393,883	(\$457,672)
5	OTHER MEDICAL ASSISTANCE	\$111,509	148,039	\$36,530
6	CHAMPUS / TRICARE	\$126,999	39,949	(\$87,050)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$773,746	26,382	(\$747,364)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$18,866,363</b>	<b>\$16,220,510</b>	<b>(\$2,645,853)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$25,282,854</b>	<b>\$24,972,233</b>	<b>(\$310,621)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,830,391	\$28,858,599	(\$5,971,792)
2	MEDICARE	\$7,913,212	7,161,657	(\$751,555)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,591,710	2,291,509	(\$300,201)
4	MEDICAID	\$2,323,388	2,176,516	(\$146,872)
5	OTHER MEDICAL ASSISTANCE	\$268,322	114,993	(\$153,329)
6	CHAMPUS / TRICARE	\$214,754	113,167	(\$101,587)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,741,301	792,161	(\$949,140)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$10,719,676</b>	<b>\$9,566,333</b>	<b>(\$1,153,343)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$45,550,067</b>	<b>\$38,424,932</b>	<b>(\$7,125,135)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,246,882	\$37,610,322	(\$3,636,560)
2	TOTAL MEDICARE	\$24,689,512	\$21,800,296	(\$2,889,216)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,554,774	\$3,833,431	(\$721,343)
4	TOTAL MEDICAID	\$4,174,943	\$3,570,399	(\$604,544)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$379,831	\$263,032	(\$116,799)
6	TOTAL CHAMPUS / TRICARE	\$341,753	\$153,116	(\$188,637)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,515,047	\$818,543	(\$1,696,504)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$29,586,039</b>	<b>\$25,786,843</b>	<b>(\$3,799,196)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$70,832,921</b>	<b>\$63,397,165</b>	<b>(\$7,435,756)</b>

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.82%	12.36%	0.54%
2	MEDICARE	26.22%	26.51%	0.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.09%	3.38%	-0.71%
4	MEDICAID	3.61%	2.71%	-0.89%
5	OTHER MEDICAL ASSISTANCE	0.48%	0.67%	0.19%
6	CHAMPUS / TRICARE	0.17%	0.22%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10%	1.36%	0.27%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>30.48%</b>	<b>30.11%</b>	<b>-0.37%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>42.30%</b>	<b>42.47%</b>	<b>0.18%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.00%	33.39%	-0.61%
2	MEDICARE	17.90%	18.14%	0.24%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.49%	5.66%	0.17%
4	MEDICAID	4.64%	4.82%	0.18%
5	OTHER MEDICAL ASSISTANCE	0.85%	0.84%	-0.01%
6	CHAMPUS / TRICARE	0.31%	0.33%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.53%	2.44%	-0.08%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>23.70%</b>	<b>24.13%</b>	<b>0.43%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>57.70%</b>	<b>57.53%</b>	<b>-0.18%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.06%	13.80%	4.75%
2	MEDICARE	23.68%	23.09%	-0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.77%	2.43%	-0.34%
4	MEDICAID	2.61%	2.20%	-0.42%
5	OTHER MEDICAL ASSISTANCE	0.16%	0.23%	0.08%
6	CHAMPUS / TRICARE	0.18%	0.06%	-0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09%	0.04%	-1.05%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>26.64%</b>	<b>25.59%</b>	<b>-1.05%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>35.69%</b>	<b>39.39%</b>	<b>3.70%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.17%	45.52%	-3.65%
2	MEDICARE	11.17%	11.30%	0.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.66%	3.61%	-0.04%
4	MEDICAID	3.28%	3.43%	0.15%
5	OTHER MEDICAL ASSISTANCE	0.38%	0.18%	-0.20%
6	CHAMPUS / TRICARE	0.30%	0.18%	-0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.46%	1.25%	-1.21%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>15.13%</b>	<b>15.09%</b>	<b>-0.04%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>64.31%</b>	<b>60.61%</b>	<b>-3.70%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,378	1,333	(45)
2	MEDICARE	2,026	1,807	(219)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	660	456	(204)
4	MEDICAID	605	404	(201)
5	OTHER MEDICAL ASSISTANCE	55	52	(3)
6	CHAMPUS / TRICARE	23	22	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52	114	62
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,709</b>	<b>2,285</b>	<b>(424)</b>
	<b>TOTAL DISCHARGES</b>	<b>4,087</b>	<b>3,618</b>	<b>(469)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,553	5,221	(332)
2	MEDICARE	12,883	10,623	(2,260)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,117	2,053	(1,064)
4	MEDICAID	2,863	1,718	(1,145)
5	OTHER MEDICAL ASSISTANCE	254	335	81
6	CHAMPUS / TRICARE	103	101	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	236	638	402
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>16,103</b>	<b>12,777</b>	<b>(3,326)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>21,656</b>	<b>17,998</b>	<b>(3,658)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)
2	MEDICARE	6.4	5.9	(0.5)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.7	4.5	(0.2)
4	MEDICAID	4.7	4.3	(0.5)
5	OTHER MEDICAL ASSISTANCE	4.6	6.4	1.8
6	CHAMPUS / TRICARE	4.5	4.6	0.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.5	5.6	1.1
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.9</b>	<b>5.6</b>	<b>(0.4)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.3</b>	<b>5.0</b>	<b>(0.3)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00190	1.02340	0.02150
2	MEDICARE	1.25780	1.29252	0.03472
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84080	0.96263	0.12183
4	MEDICAID	0.84080	0.92720	0.08640
5	OTHER MEDICAL ASSISTANCE	0.84080	1.23791	0.39711
6	CHAMPUS / TRICARE	0.85160	1.17570	0.32410
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97532	1.12980	0.15448
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.15276</b>	<b>1.22556</b>	<b>0.07281</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.10189</b>	<b>1.15108</b>	<b>0.04919</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$108,426,265	\$82,051,367	(\$26,374,898)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$41,246,882	\$36,791,779	(\$4,455,103)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,179,383	\$45,259,588	(\$21,919,795)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.96%	55.16%	-6.80%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$201,751	\$0	(\$201,751)
8	CHARITY CARE	\$287,523	\$559,676	\$272,153
9	BAD DEBTS	\$8,586,666	\$7,812,094	(\$774,572)
10	TOTAL UNCOMPENSATED CARE	\$8,874,189	\$8,371,770	(\$502,419)
11	TOTAL OTHER OPERATING REVENUE	\$108,426,265	\$82,051,367	(\$26,374,898)
12	TOTAL OPERATING EXPENSES	\$75,843,310	\$69,149,506	(\$6,693,804)

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>AMOUNT DIFFERENCE</u>

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,380.61820	1,364.19220	(16.42600)
2	MEDICARE	2,548.30280	2,335.58364	(212.71916)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	554.92800	438.96012	(115.96788)
4	MEDICAID	508.68400	374.58880	(134.09520)
5	OTHER MEDICAL ASSISTANCE	46.24400	64.37132	18.12732
6	CHAMPUS / TRICARE	19.58680	25.86540	6.27860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	50.71664	128.79720	78.08056
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>3,122.81760</b>	<b>2,800.40916</b>	<b>(322.40844)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>4,503.43580</b>	<b>4,164.60136</b>	<b>(338.83444)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,963.30779	3,600.22177	-363.08602
2	MEDICARE	1,383.19565	1,236.22482	-146.97083
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	875.48798	783.06217	-92.42581
4	MEDICAID	777.88669	717.56902	-60.31768
5	OTHER MEDICAL ASSISTANCE	97.60129	65.49316	-32.10813
6	CHAMPUS / TRICARE	41.32293	33.88596	-7.43697
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	119.95866	204.42209	84.46343
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,300.00656</b>	<b>2,053.17295</b>	<b>-246.83361</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>6,263.31435</b>	<b>5,653.39472</b>	<b>-609.91963</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,647.55	\$6,415.32	\$1,767.77
2	MEDICARE	\$6,583.32	\$6,267.66	(\$315.67)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,537.51	\$3,512.67	(\$24.84)
4	MEDICAID	\$3,639.89	\$3,721.10	\$81.21
5	OTHER MEDICAL ASSISTANCE	\$2,411.32	\$2,299.77	(\$111.55)
6	CHAMPUS / TRICARE	\$6,483.91	\$1,544.50	(\$4,939.41)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,256.26	\$204.83	(\$15,051.42)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,041.46</b>	<b>\$5,792.19</b>	<b>(\$249.26)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$5,614.13</b>	<b>\$5,996.31</b>	<b>\$382.18</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,788.21	\$8,015.78	(\$772.43)
2	MEDICARE	\$5,720.96	\$5,793.17	\$72.20
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,960.30	\$2,926.34	(\$33.96)
4	MEDICAID	\$2,986.79	\$3,033.18	\$46.39
5	OTHER MEDICAL ASSISTANCE	\$2,749.16	\$1,755.80	(\$993.36)
6	CHAMPUS / TRICARE	\$5,196.97	\$3,339.64	(\$1,857.33)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,515.84	\$3,875.12	(\$10,640.72)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,660.72</b>	<b>\$4,659.29</b>	<b>(\$1.42)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,272.52</b>	<b>\$6,796.79</b>	<b>(\$475.73)</b>

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$2,126,873	\$1,980,481	(\$146,392)
2	OTHER MEDICAL ASSISTANCE	\$482,982	\$519,838	\$36,857
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$1,494,884)	\$1,172,965	\$2,667,849
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$1,114,971</b>	<b>\$3,673,285</b>	<b>\$2,558,313</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$236,605,379	\$195,594,535	(\$41,010,844)
2	TOTAL GOVERNMENT DEDUCTIONS	\$98,593,075	\$80,307,558	(\$18,285,517)
3	UNCOMPENSATED CARE	\$8,874,189	\$8,371,770	(\$502,419)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,179,383	\$45,259,588	(\$21,919,795)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$174,646,647	\$133,938,916	(\$40,707,731)
7	TOTAL ACCRUED PAYMENTS	\$61,958,732	\$61,655,619	(\$303,113)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$201,751	\$0	(\$201,751)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$62,160,483	\$61,655,619	(\$504,864)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2627179621	0.3152215833	0.0525036211
11	COST OF UNCOMPENSATED CARE	\$2,331,409	\$2,638,963	\$307,554
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,396,128	\$1,741,154	\$345,026
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	(\$3,727,537)	\$0	\$3,727,537
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	(\$0)	\$4,380,116	\$4,380,117
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.94%	36.19%	13.25%
2	MEDICARE	27.05%	28.23%	1.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.31%	23.32%	3.01%
4	MEDICAID	21.69%	26.26%	4.57%
5	OTHER MEDICAL ASSISTANCE	9.86%	11.35%	1.49%
6	CHAMPUS / TRICARE	30.95%	9.43%	-21.52%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	29.85%	0.99%	-28.86%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>26.16%</b>	<b>27.54%</b>	<b>1.38%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>25.26%</b>	<b>30.06%</b>	<b>4.80%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.29%	44.18%	0.89%
2	MEDICARE	18.69%	20.19%	1.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.96%	20.70%	0.74%
4	MEDICAID	21.17%	23.08%	1.92%
5	OTHER MEDICAL ASSISTANCE	13.37%	7.00%	-6.37%
6	CHAMPUS / TRICARE	29.13%	17.34%	-11.79%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	29.12%	16.57%	-12.55%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>19.12%</b>	<b>20.27%</b>	<b>1.15%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>33.36%</b>	<b>34.15%</b>	<b>0.79%</b>

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$70,832,921	\$63,397,165	(\$7,435,756)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$201,751	\$0	(\$201,751)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$71,034,672</b>	<b>\$63,397,165</b>	<b>(\$7,637,507)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	<b>CALCULATED NET REVENUE</b>	<b>\$79,621,338</b>	<b>\$63,397,165</b>	<b>(\$16,224,173)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$71,034,672	\$63,397,165	(\$7,637,507)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$8,586,666</b>	<b>\$0</b>	<b>(\$8,586,666)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$236,605,379	\$195,594,535	(\$41,010,844)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$236,605,379</b>	<b>\$195,594,535</b>	<b>(\$41,010,844)</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$236,605,380	\$195,594,535	(\$41,010,845)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>	<b>\$0</b>	<b>\$1</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,874,189	\$8,371,770	(\$502,419)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$8,874,189</b>	<b>\$8,371,770</b>	<b>(\$502,419)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,874,189	\$8,371,770	(\$502,419)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,183,725
2	MEDICARE	51,856,684
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,612,931
4	MEDICAID	5,308,622
5	OTHER MEDICAL ASSISTANCE	1,304,309
6	CHAMPUS / TRICARE	423,693
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,666,773
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$58,893,308</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$83,077,033</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,316,409
2	MEDICARE	35,476,768
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,071,723
4	MEDICAID	9,428,967
5	OTHER MEDICAL ASSISTANCE	1,642,756
6	CHAMPUS / TRICARE	652,602
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,781,994
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$47,201,093</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$112,517,502</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$89,500,134
2	TOTAL GOVERNMENT ACCRUED CHARGES	106,094,401
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$195,594,535</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,751,723
2	MEDICARE	14,638,639
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,541,922
4	MEDICAID	1,393,883
5	OTHER MEDICAL ASSISTANCE	148,039
6	CHAMPUS / TRICARE	39,949
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26,382
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$16,220,510</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$24,972,233</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,858,599
2	MEDICARE	7,161,657
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,291,509
4	MEDICAID	2,176,516
5	OTHER MEDICAL ASSISTANCE	114,993
6	CHAMPUS / TRICARE	113,167
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	792,161
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$9,566,333</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$38,424,932</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$37,610,322
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	25,786,843
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$63,397,165</b>

<b>JOHNSON MEMORIAL HOSPITAL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2009            REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND            BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,333
2	MEDICARE	1,807
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	456
4	MEDICAID	404
5	OTHER MEDICAL ASSISTANCE	52
6	CHAMPUS / TRICARE	22
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	114
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,285</b>
	<b>TOTAL DISCHARGES</b>	<b>3,618</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02340
2	MEDICARE	1.29252
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96263
4	MEDICAID	0.92720
5	OTHER MEDICAL ASSISTANCE	1.23791
6	CHAMPUS / TRICARE	1.17570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12980
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.22556</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.15108</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$82,051,367
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$36,791,779
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,259,588
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.16%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$559,676
9	BAD DEBTS	\$7,812,094
10	TOTAL UNCOMPENSATED CARE	\$8,371,770
11	TOTAL OTHER OPERATING REVENUE	\$951,983
12	TOTAL OPERATING EXPENSES	\$69,149,506

<b>JOHNSON MEMORIAL HOSPITAL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2009            REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND            BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$63,397,165
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$63,397,165</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	<b>CALCULATED NET REVENUE</b>	<b>\$63,397,165</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,397,165
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$195,594,535
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$195,594,535</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$195,594,535
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,371,770
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$8,371,770</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,371,770
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	242	256	14	6%
2	Number of Approved Applicants	225	215	(10)	-4%
3	<b>Total Charges (A)</b>	\$287,523	\$559,676	\$272,153	95%
4	<b>Average Charges</b>	<b>\$1,278</b>	<b>\$2,603</b>	<b>\$1,325</b>	<b>104%</b>
5	Ratio of Cost to Charges (RCC)	0.371130	0.319543	(0.051587)	-14%
6	<b>Total Cost</b>	<b>\$106,708</b>	<b>\$178,841</b>	<b>\$72,132</b>	<b>68%</b>
7	<b>Average Cost</b>	<b>\$474</b>	<b>\$832</b>	<b>\$358</b>	<b>75%</b>
8	Charity Care - Inpatient Charges	\$98,776	\$351,141	\$252,365	255%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	126,427	158,840	32,413	26%
10	Charity Care - Emergency Department Charges	62,320	49,695	(12,625)	-20%
11	<b>Total Charges (A)</b>	<b>\$287,523</b>	<b>\$559,676</b>	<b>\$272,153</b>	<b>95%</b>
12	Charity Care - Number of Patient Days	29	67	38	131%
13	Charity Care - Number of Discharges	26	34	8	31%
14	Charity Care - Number of Outpatient ED Visits	116	99	(17)	-15%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	78	76	(2)	-3%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$2,490,675	\$1,517,208	(\$973,467)	-39%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,560,763	1,510,550	(50,213)	-3%
3	Bad Debts - Emergency Department	4,535,228	4,784,336	249,108	5%
4	<b>Total Bad Debts (A)</b>	<b>\$8,586,666</b>	<b>\$7,812,094</b>	<b>(\$774,572)</b>	<b>-9%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$287,523	\$559,676	\$272,153	95%
2	Bad Debts (A)	8,586,666	7,812,094	(774,572)	-9%
3	<b>Total Uncompensated Care (A)</b>	<b>\$8,874,189</b>	<b>\$8,371,770</b>	<b>(\$502,419)</b>	<b>-6%</b>
4	Uncompensated Care - Inpatient Services	\$2,589,451	\$1,868,349	(\$721,102)	-28%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,687,190	1,669,390	(17,800)	-1%
6	Uncompensated Care - Emergency Department	4,597,548	4,834,031	236,483	5%
7	<b>Total Uncompensated Care (A)</b>	<b>\$8,874,189</b>	<b>\$8,371,770</b>	<b>(\$502,419)</b>	<b>-6%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$102,371,505	\$100,081,615	\$83,077,033
2	Outpatient Gross Revenue	\$106,579,994	\$136,523,764	\$112,517,502
3	Total Gross Patient Revenue	\$208,951,499	\$236,605,379	\$195,594,535
4	Net Patient Revenue	\$63,714,589	\$71,034,672	\$63,397,165
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$77,430,267	\$75,843,310	\$69,149,506
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	24,905	21,656	17,998
2	Discharges	4,433	4,087	3,618
3	Average Length of Stay	5.6	5.3	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	50,834	51,197	42,374
0	Equivalent (Adjusted) Discharges (ED)	9,048	9,662	8,518
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.02039	1.10189	1.15108
2	Case Mix Adjusted Patient Days (CMAPD)	25,413	23,863	20,717
3	Case Mix Adjusted Discharges (CMAD)	4,523	4,503	4,165
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	51,870	56,414	48,776
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,233	10,647	9,805
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$8,390	\$10,926	\$10,868
2	Total Gross Revenue per Discharge	\$47,135	\$57,892	\$54,062
3	Total Gross Revenue per EPD	\$4,110	\$4,621	\$4,616
4	Total Gross Revenue per ED	\$23,093	\$24,488	\$22,962
5	Total Gross Revenue per CMAEPD	\$4,028	\$4,194	\$4,010
6	Total Gross Revenue per CMAED	\$22,632	\$22,223	\$19,948
7	Inpatient Gross Revenue per EPD	\$2,014	\$1,955	\$1,961
8	Inpatient Gross Revenue per ED	\$11,314	\$10,358	\$9,753

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>F. <u>Net Revenue Per Statistic</u></b>				
1	Net Patient Revenue per Patient Day	\$2,558	\$3,280	\$3,522
2	Net Patient Revenue per Discharge	\$14,373	\$17,381	\$17,523
3	Net Patient Revenue per EPD	\$1,253	\$1,387	\$1,496
4	Net Patient Revenue per ED	\$7,042	\$7,352	\$7,443
5	Net Patient Revenue per CMAEPD	\$1,228	\$1,259	\$1,300
6	Net Patient Revenue per CMAED	\$6,901	\$6,672	\$6,466
<b>G. <u>Operating Expense Per Statistic</u></b>				
1	Total Operating Expense per Patient Day	\$3,109	\$3,502	\$3,842
2	Total Operating Expense per Discharge	\$17,467	\$18,557	\$19,113
3	Total Operating Expense per EPD	\$1,523	\$1,481	\$1,632
4	Total Operating Expense per ED	\$8,557	\$7,850	\$8,118
5	Total Operating Expense per CMAEPD	\$1,493	\$1,344	\$1,418
6	Total Operating Expense per CMAED	\$8,387	\$7,124	\$7,052
<b>H. <u>Nursing Salary and Fringe Benefits Expense</u></b>				
1	Nursing Salary Expense	\$11,180,050	\$10,310,688	\$9,164,680
2	Nursing Fringe Benefits Expense	\$2,774,074	\$2,483,912	\$2,424,561
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$13,954,124</b>	<b>\$12,794,600</b>	<b>\$11,589,241</b>
<b>I. <u>Physician Salary and Fringe Expense</u></b>				
1	Physician Salary Expense	\$2,394,838	\$2,409,938	\$2,541,554
2	Physician Fringe Benefits Expense	\$594,224	\$580,570	\$672,381
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$2,989,062</b>	<b>\$2,990,508</b>	<b>\$3,213,935</b>
<b>J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>				
1	Non-Nursing, Non-Physician Salary Expense	\$14,933,730	\$17,101,496	\$15,030,920
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$3,705,465	\$4,119,862	\$3,976,504
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$18,639,195</b>	<b>\$21,221,358</b>	<b>\$19,007,424</b>
<b>K. <u>Total Salary and Fringe Benefits Expense</u></b>				
1	Total Salary Expense	\$28,508,618	\$29,822,122	\$26,737,154
2	Total Fringe Benefits Expense	\$7,073,763	\$7,184,344	\$7,073,446
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$35,582,381</b>	<b>\$37,006,466</b>	<b>\$33,810,600</b>